2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF COUNTY:  County  Cily or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For ne D) in fants give residence of mother)  State
now long in nosbirgi or institution:	2.(4) is received, manie was an analysis of the control of the con
3. (a) FULL NAME Charles allright	3. (b) Social Security Number
4. Sex 15. Color or race 6.(a) Single, married, widowed, or divorced Single	2D. DATE OF DEATH FEBRUARY 4 1948 21 11,30 P. M
6.(b) Name of husband or wife	21. I CERIFY that death occurred on the date above stated: I hat I attended deceased from February / 7 19.44 7 to 2 4 19 4 8 and that I last saw h 200 19 4 8
8. AGE: Tears Mopths Days If less than one day	Congestive Heart 20ths
9. Birthplace	Due to Sease 14 Mos
11. Industry or business allowing to the state of the sta	Other conditions
14. Malden name	Major findings of operations
16. taformant 13 aldwin Wd.	Autopsy results PHYSICIAN: Please moderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Whick?)  Cemetery or crematory  Oate thereof. (month) (day) (year)	Accident, suicide, or homicide
Location Sweet air Wed.	tnjured at home, farm, industry, public place (where?)  Means of injury Injured at work?
Address + oh wed;	Lifford F. Hudson M.D. of other
19. (Date rec'd by registrar) Registrar	Address TOOK 114 Date signed 2/3/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

(Date rec'd by registrar)



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No.....

County  City or town.  Mow long in above place of death?  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town Low Low Low Low Limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME  Alexander	3. (b) Social Security Number
4. St.   5. Color or race   6.(a) Single, married, widowed, or divorced  Male white Married  6.(b) Name of husband or wife. Annie Brover	MEDICAL CERTIFICATION  2D. DATE OF DEATH. Feb. M. 19 48 at 8 Pe. M. 21. I GERTIFY that death occurred on the date above stated: that t gitended deceased from
6, (c) If alive, give age, 26, years	Jan 31 1948, 10 Feb 1 1948
7. Birth date of deceased (mo., day, yr.) August 3 - 1862	and that I last saw h was give on Telt 1948
8. AGE: Years Months Days If less than one day 25 27	Immediate cause of death Colombiany DURATION Sudden
9. Birthplace	Due to Misse Selesota Carshio 2 yes
11. Industry or business Stand of Oil Co.	Due to
12. Name	Dther conditions
14. Maiden name Unit	(Include pregnancy within 3 months of death)  Major findings of operations
15. Birthplace	Date of op.
Address Toute 16 Sec 126	Antopsy results
17. Date thereof	22. VIOLENCE: ff death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory June dullhain Ce	Where did injury occur?
Location Steps	Injured at home, farm, industry, public place (where?)
18. Funeral director John J. Commelly	Means of injury injured at work?
Address 4/8 Eastern Cut	23. SIGNATURE Ses-M. Busunyandner.
19. 2-3- (Date rec'd by registrar)  Registrar	Address Balto 6 Mal Date signed 2-1-48

PLEASE

VS A15

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The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Diat. No. 42

A DIAGRADIANT	a florest properties (VICOS AND AF DEPARTED		
Y. PLACE OF DEATH:  COURTY Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Bar CIMOTE	State Md. County Baltimore		
City or town. Rosemont (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	. Dogomon+		
How long in above place of death? About 22 yrs.	(If outside city or town limits, write RURAL end give nearest town)		
Hospital, institution, or street address where deeth occurred:	Street No. 3025 Alabama Ave.		
	(If rural, give LOCATION)		
How long to hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
CONCETTA I. AUGUST			
4. Sex 5. Color or race 6.(a)Single, merried, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20, DATE OF DEATH February 14 1948 3:00A.		
8 (b) Name of boshand or wife Anthony Augustino	21. I CERTIEY that death occurred on the dale above stated: that J attended deceased from		
6.(b) Name of hosband or wife. All cittory Augus cino	Dec. 1947 18 10 7th 14 1945		
7. Birth date of	end that I last saw hCX alive, on 2-17-48-		
deceased (mo., day, yr.) May 16, 1877.	Immediate cause of death Lemmal Gandler DURATION		
8. AGE: Years   Months   Bays   If less than one day	Pulment		
70 8 28hrsml			
	- Carling to the desired		
9. Sirthplace	Due to. Cacute Myseury		
House-Work	China Ango Contest		
10. Usual occupation	Due to merly attered donce		
11. Industry or husiness			
12. Name Raymond Dolce Italy	Dither conditions Sypertensin Cycle Userlan		
Italy Italy	rond lisem-		
質 14. Malden name. Rosina ?	(Include pregnency within 8 months of deeth)		
Ttoler	Major findings of operations.		
	Date of op.		
16. Informant Raymond Carnucci (Son)	Antopsy results		
Address 3411 Hudson St., Balto., Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Dunial . O 35 40	22. VIOLENCE: It death was due to external causes, till in the following;		
(Burial, cremation, or removal, Which?)  Bate thereof. 2= 17= 48.  (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Holy Redeemer Cemetery.			
4430 Belair Rd.			
Location	injured at home, farm, industry, public piece (where?)		
18. Funeral director le health & Seule	Means of Injury Injured at work?		
Address 901 S. Conkling St Balto Ma	1/X B. (. 90		
Address	- 23. SIGNATURE		
10 7-16 148 CANSERICA	642 Wash 11 M. D. or other		
(Date rec'd by registrar) Registra	or Address 642 / ash. D/ Bate signed -/6-90.		

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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH BOUND	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)	
County Catonsvill	State Maylank County Dallmore	
City or town	City or town (If outside city or town limits, write RURAL and give negrest town)	
How long in above place of death?		
	Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Lizzie Baldu	3. (b) Social Security Number	
4. Sex   5. Color or race   6.79 Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
The male White Wedowed	2D. DATE OF DEATH. 2 1948 at 430Am	
and of Brakening	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
8.(b) Name of husband or wife Annual Common	Jan 19 46, 10 2/7 19 48	
7. Birth date of	and that I last saw h enautive on 3/2	
deceased (mo., day, yr.) 12 - 20-1865		
8. AGE: Years   Months   Days   It less than one day	Immediate cape of death	
82 1 17hrs. min.	neflectes with ly polousen	
marel 1	Oue to sirty Cardio Vascullar olas 4 days	
9. Birthplace	Oue to	
7 de la companya del companya de la companya del companya de la co		
1D. Usual occupation.	Due to	
11. Industry or business		
12. Name gvery Jones 13. Birthplace Sudyland	Other conditions (Selecta selecta see	
Z 13. Birthplace Dudulland	(include pregnancy within 3 months of death)	
14. Maiden name		
14. Malden name	Major findings of operations	
	Date of op	
16. Interment Two John J. Scannell	Autopsy results.	
Address /// Bloomsbury Ave	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
20 - 1 2 - 10 - 48	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or remogal, Whiteh?)  (Burial, cremation, or remogal, Whiteh?)  (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Landon Park	Where did injury occur?	
Location Ballinger	Injured at home, farm, industry, public place (where?)	
18. Funeral director Carr L. marnabl	Means of Injury Injured at work?	
Address Caton ville - 31d.	A new That	
NUMBERS SERVICES OF THE PROPERTY OF THE PROPER	23. SIGNATURE M. D. or other	
19. 2 - 0 1948 LE Harry Registrary	-22 Washes estables 1. 1. 2/0/48	



2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ty or town. Fort Howard (If outside city or town timits, write RURAL and give nearest town)	state Maryland County
(1f outside city or town limits, write RURAL and give nearest town) ow long in above place of death? 73 days	City or town Baltimore (If outside city or town limits, write RURAL and g
ow long in above place of death?	8026 Philadelphia Rd.
Vets. Adm. Hospital, Ft. Howard, Md.	Street No. (If rural, give LOCATION)
ow long in hospital or institution? 73 days	2.(a) If veteran, name war

3. (a) FULL NAME

every item of information ite the causes of death cle

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3. (b) Social Security Number 213-07-1276

	JAMES	C. BAN	FORD	
. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	T
Male	White	M	arried	
Right date of	for wife Anna		mford (c) II alive, give age 26 year	
deceased (mo., day,	yr.) 5-1-17	Days	If less than one day	=
30	9	25	hrsmin.	
10. Usual occupation  11. Industry or busine  12. Name	Filling S nomas Bamfo England			
Sillian Ann Merie Thompson  14. Maiden name Ohio				
16. Intermant	inical Reco		ets. Adm. Hosp.	
Buria (Burial, cremation	n, or removal. Which?	Date the	2/1/48	

<b>MEDICA</b>	L CE	ERTII	FICA	MOIT

20. DATE OF DEATH February 26 1948 17:15 P. M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 15 19 47 10 February 26 19 48 and that I last saw h. im \_alive on February 26

Adeno-carcinoma DURATION of sigmoid with liver matastases Since (2) Obstruction of transverse xxxx colon due to carcinomatosis

(Include pregnancy within 8 months of death)

Autopsy results No autopsy

PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, flil in the following

Accident, suicide, or homicide.....

Where did injury occur? .....(City or town)

Injured at home, farm, Industry, public place (where?) ..... Means of Injury

Hernewaugh H.C. MANAUGH, M.D. Chief Profess Address V.A. Ft. Howard, Md. Sersand

especially

(Date rec'd by registrar)

Address

Howard Blight Funeral Home

4914 Belair Rd., Balto., Md.

Registrar

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CERTIFICAT	E OF DEATH	O
1, PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 2904 OAKCREST WE (c) Hospital or institution:	(a) State D. (b) County Date (c) City or town BALTIMORE	341
(c) Hospital of institution:	(d) Street No. 2904 OAKORE.	L and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?	(Yes or No
e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country	
NOSE	ELPZABETH DIGG	-S
3 (b) If veteran, name way 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH 2/29 1940	5, at 3 PN
1. Sex   .5. Color or race   6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated deceased from Junuary 11945, to Full	ed; that lattend
6 (b) Name of husband or wife REDERICK L. Bicc 6 (c) If alive, give age years	Sand that I last saw h. 4. alive on Tub. 29. 1 Immediate cause of death	9.48 Duration
B. AGE: Years   Months   Days   If less than one day	Carcinoma of right	
58 11 2 hr. min.	Due to	0
O. Birthplace WEST NEWTON, PA.  (Town, county, and state)  O. Usual Occupation Housewife	Due to	b
1. Industry or business	Other Conditions Junual	
12. Name OSEPH VOGEL  13. Birthplace	(Include pregnancy within 8 months of death)  Date of operation	PHYSICIAN  Underline th
E MAN DE CANKA MANA	Major findings of operation:	cause to which
15 Birthplace MRS. DOROTHY G. MUSE -	of autopsy:	
6 (a) Informant 2904 OAKOREST WE	22. If death was due to external causes, fill in the fo	
(b) Address  17 (a) BURIA (b) Date thereof 3/3/48  (Burial, cremation, or remove) (month) (ax) (year)	(a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur?	at
(c) Cemetery or company / ARKWOOD  Location BALto MD	(City or town) (Cou (d) Did injury occur about home, on farm, industrial place?	place, in publi
18 (a) Funeral cirector Wan. J. TICTUER DO	(Specify type of place) (e) Means of injury	
(b) Address 3A L timeRE MD 19 (a) 3-6-48 (b) 1. W. Kalikh	23. Signature Brigania / Ad Address 2 30 6 Funtant Pl Date sig	M. D.

Reg. Diat. No ...

3. (b) Social Security Number

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

(Include pregnancy within 3 months of death)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(Fee newborn infants give residence of mother

2.(a) If veteran, name war.....

20, DATE OF DEATH.

Major findings of operations.

1. PLACE OF DEATH:

How long in above place of death?...

How long in hospital or institution?..

Hospital, institution, or street address where death occurred:

County Balt

3. (a) FULL NAME

7. Birth date of deceased (mo., day, yr.)

8. AGE:

9. Birthplace.

10. Usual occupation.

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Address West Rd. / owner. ml	PHYSICIAN: Please underline the cause in which death abould be charged statistically.
B L 7. 34 - 1040	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or remodal, Which?)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory allame Paul	Where did injury occur? (City or town) (County) (State)
Location Wanter brock Red.	Injured at home, farm, Industry, public place (where?)
19. Funeral director Howards hearbline	Means of Injury Injured at work?
Address white Hack miles	2/3 SIGNATURE Dennett a- Flour
19. Date rec'd by registrary	Address Luthercille Date signed 2/23

It less than one day

Days

(Town, county, and atate)



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01343 21

CERTIFICA	TE OF DEATH Reg. Dlat. No.
1. PLACE OF DEATH:  County Baltimore  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 49,400,900,000,000,000,000,000,000,000,0	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3.(a) FULL NAME Edith A. Bonsall	3. (b) Social Security Number
Female   S. Color or race   S. (a) Single, married, widowed, or divorced   Married   M	MEDICAL CERTIFICATION 11.20 20. DATE OF DEATH. February 14, 18.48 pt. p. M
6.(b) Name of husband or XX Joseph C. Bonsall  6.(c) It elive, give age year 6.(c) It elive, giv	and that I last saw hard alive on Table 19.48  Immediate cause of death OURATION
Burial  Burial  Burial  Burial  Burial  Bate thereof  Complete or cremation, or removal. Which?  Cometery or cremation  Location  Woodlawn, Md.  18. Funeral director  Address  3207 W. North Ave.,  Address  19. 2 7 19 8	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  Address  Address  Address  Address  Tello/48

PLEASE WRIT

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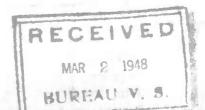
#### MARYLAND STATE DEPARTMENT OF HEALTH

Charles	St	Baltimore	9206	į
CHAILES	D.,	Datemore	9000	Į

#### CERTIFICATE OF DEATH

01344 PC Rog. Dist. No. 30

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Baltimore			***************************************	(For newborn Infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)			aryland URAL and give nearest town)	State Maryland County Baltimore	***************************************	
How long in above place of death? 6 yrs. 9 mos. 22 das.  Hospital, institution, or street address where death occurred:  Spring Grove State Hospital		os. 22 das.	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 317 Park Avenus (If rural, give LOCATION)			
How long in hospital or	Institution?6	yrs. 9	mos. 22das.	2.(a) If veteran, name war	V	
3. (a) FULL NAME				3. (b) Social Security	Number	
Kather	ine Brady					
4. Sex	5. Color or race	B.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	whi te	si	ngle	20. DATE OF DEATH February 25, 19 48	4:45a.	
				21. I CERTIFY that death occurred on the date above stated; that I attended door May 3, 41 Februs:	ry 25, 48	
7. Birth date of			e) If alive, give ageyears	and that I last saw h. er alive on February 25.		
deceased (mo., day, yr		ne 20,		Immediate cause of death	DURATION	
8. AGE: Years 76	Months 6	Days 5	If less than one day	Cerebral hemorrhage, Massive,	01	
4			hrsmin.	left parietal.	l week	
9. Birthpiace	Baltimor	e, Mar	yland	Due to Cerebral Arteriosclerosis.		
	(Iown,	county, and	itate)	Generalized arteriosclerosis	years	
10. Usual occupation	Seamstre	236		Due to Valvular heart disease.	years	
11. Industry or business	Dressmak	er				
12. Name	John Bra	dy		Other conditions		
13. Birthplace	?		111300			
14. Malden name	Isabella	Hughs		(Include pregnancy within 3 months of death)  Major findings of operations		
15. Birthpiace	?.		•	Date of on		
	Hospital	Recor	ds	Antopsy results. AS above		
Address	Cetonsvi	110 28	Maryland	PHYSICIAN: Please underline the cause to which death aboutd be charged	statistically.	
2/1	stoor	Data Han	2/28/88	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Comptage or cromptor	Harayal, Which?	Thed	ral.	Where did injury occur?		
				Injured at home, farm, Industry, public piace (where?)		
		-/	mmuge	Means of Injury Injured at work?		
			leto ane.	Isaalon Fresh, M. 10.		
~ )		1	Crol	23. SIGNATURE ISAdore Tuerk, M.D.		
19. Tel.	26 1948 ristrar)		Elfary	Address Catonsville 28, Md. Date signed.	2/25/48	



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PLEASE WRITE

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Address VAH Ft. Howard, Md. Date signed 2-28-48

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Reg. Diat. No.	~

CERTIFICAT	TE OF DEATH  Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
WEBB BRAXTON	705 = 12-3707
Male Negro S.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION  20. Date of Death February 28 19.48 25A
6.(6) Name of husband or wite. Elizabeth Braxton  6.(c) It alive, give age 52 years  7. Birth date of deceased (mo day. yr.) November 10, 1893  8. AGE: Years Months Days If less than one day  54 3 18 hrs. min.  9. Birthplace. Essex Co. Virginia (Town, county, and state)  10. Usual occupation. Laborer  11. Industry or business  12. Name. Wake. Braxton  13. Birthplace Virginia  14. Malden name. Sarah ?  15. Birthplace Virginia  16. Informant Clinical Records, Vets. Adm. Hosp.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  January 22 19 18 to February 28 19 148  and that I last saw h IM alive on February 28 19 148  Immediate cause of death RETROPERITONEAL SARCOMA  EXTENSION TO HEAD OF PANCREAS!  WIDESPREAD METASTASES  Unknown  Due to Unknown  Due to Unknown  Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations  Date of op.  Autopsy results. Substantiated Above  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Fort Howard, Maryland  17. Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory. Baltimore National Cemetery Location. 5501 Frederick Rd. Balto.Md.  18. Funeral director. Charles G. Cooper Address 512 N. Carrollton Ave. Balto.Md.  19. 3/2 (Date red by registrar)	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide

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9-45-15M	WRITE
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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

	OF DEAT		more		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
					State Maryland County			
Catonsville (If outside city or town limits, write RURAL and give nearest town)					City or town Baltimore (If outside city or town limits, write RURAL and give nea			
How long in above place of death?								
					street No. 9 Frederick Street			
Spring Grove State Hospital					(If rural, give LOCATION)  2.(a) If veteran, name war			
3. (a) FUL				***************************************				
3. (a) FUL	LNAME	John B	rown		3. (b) Social Security	Number		
4. Sex	5	Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
mal	.0	white		single	20. DATE OF DEATH			
6.(b) Name o	husband or s	wife			21. I CERTIFY that death occurred on the date above stated; that I attended decer			
			6.(	c) If alive, give ageyears	March 16 22 10 February			
7. Birth date	nt mo., day, yr.)	June	21. 7	890	and that I last saw himalive on February 18	1948		
8. AGE:	Years	Months	Days	If less than one day	Immediate caose of death	DURATION		
0	57	7	25		Lobar pneumonia, right upper			
	1707-19				and lower lobes -	48 hours		
9. Birthplace		Pennsy	L.vania	state)	Due to Cachexia, secondary to adeno-	***************************************		
	cupalion	37 3 7			carcinoma of the liver meta-	***************************************		
			halled a complete a start with a start	<b></b>	Due to static from adenocar cinoma of	***************************************		
11. Industry :		Mill	Commo	A1-a	the rectum.	***************************************		
E				itka	Dther conditions	***************************************		
≦ 13. Birth		German			(Include pregnancy within 3 months of death)			
문 14. Maid	en name	Sophie	Brown	1	Major findings of operations			
2 15. Birth	place	German	y	SELECTION.	Date of op.			
		Hospit	al rec	ar ds	Aotopsy resolts			
	***************************************	-			PHYSICIAN: Please ooderline the caose to which death should be charged	statistically.		
Address	T			-28, Maryland	22. VIOLENCE: It death was due to external causes, till in the tollowing:			
17(Burial, c	remation, or	removal. Which?)	Date then	3-10-48 (month) (day) (year)	Accident, suicide, or homicide			
		_		tate Hospital	Where did injury occur?	/C4-4-1		
					Injured at home, tarm, Industry, public place (where?)			
				Md.	Means of Injury Injured at work?			
1B. Funeral	director	pring or	ove no	spital	Isache Frank, b. D			
Address	C	atonsvil	le 28,	Md.				
1/2	- /		7	16 2/anal	23. SIGNATUREI.SadoreTuerk, M.D.	rother		
19. (Date re	c'd by regist	(Par)	<i>U</i> .	E. Harry Registrar	Address Catonsville-28, Md. Date signed.	2-18-48		

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MAR 13 1948

BUREAU V. S.

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2411 N. Cha	arles St., Baltimore
CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Balto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Md County C. R.  City or town (If outside city or town limits, write RURAL and give nearest town)
Hoopital, Institution, or street address where death occurred:  8/2  Register as	Sireet No
How long in hospitat or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Mary FORD T.	Brown 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or directed	MEDICAL CERTIFICATION
Ternale White Widowed	20. DATE OF DEATH February 18 1948 313
5.(b) Name of husband Differed & Brown	21. I CERTIFY their dealth occurred on the date above stated: that I attended deceased from
7. Birth date of	and that t tast saw h = 1 alive on Fet 1619
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Heav + 4150950, Chrinic DURI
82 3 8ns.	in seme fibrillation
Palatine Sel	Due to Hybertonian Lan
(Town, county, and state)	
10. Usual occupation	Due to attenoralisons Un
11. Industry or business at House	
Ta. Hame	Other conditions Tylly-preplyingty, anome 79
	(Include pregnancy within 3 months of death)
14. Maiden name Mary 2.  15. Birthptace W. Y.	Major findings of operations.
15. Birthplace 21. 4.	Major manaks of operations
16 Informant Ford K. Brown	Actoray results
Address 243 King Geo, st. Annapolis, M.	PHYSICIAN: Please moderline the cause to which death should be charged statistically
1 2/20/10C	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Compley or crematory SISEEN MOUNT	Where did injury occur?
Location Balto. Md.	tnjured at home farm, industry, public place (where?)
William Cook Jun.	Means of Injury Injured at work?
18. Funeral director.	(1201. O N. J. ALI
Address	23 SIGNATURE M. D. or other
19. // 4 Cold / Tole	M. D. of other

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

01348

Reg. Dist. No. 42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
County	State Ind County Botts
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, wetle RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 2056 Molheast Cive
	(If rurat, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J C W	2D. DATE OF DEATH # 19.48 at 3 a.
Hum ohney	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Jan 31 1048 10 4eb 14 1048
7. Birth date of 0 1 11 1 2 4 2	and that I last saw h. A. alive on tel 19 98
deceased (mo., day, yr.)  RACE. Years Months Days I fless than one day	Immediate cause of death Dynamics Dynamics
8 4	Ceretral Hemorhage 3days
nr	the second second
9. Birthplace	Due fo
10. Usual occupation acomestic	
11. Industry or business	Due to
	Acate Competing
	Dither conditions V
	(Include pregnancy within 3 months of death)
HI 14. Maiden name & Markotto P  15. Birthplace	Major findings of operations.
\$ 15. Birthplace	Date of op.
16. Informant Missiam Ranson	Autopsy results
Address 2056 Northeast ave	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1-18-118	22. VIOLENCE: tf death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Carriers	Where did Injury occur?
Rolp. Ex	Injured at home, farm, industry, public place (where?)
Location & Selling Col	Means of Injury Injured at work?
18. Funeral director. Annual Management of the Company of the Comp	11 1 1 101 11
Address 1011 M. alington ave. Ballo	23. SIGNATURE H. Garland Chrisell .
19. 2/17 1948 A-W. Hedrick	902 W fra belin 12-16-48
(Date/rec'd by registrar) Registra	Address Date signed

LAINLY, WITH UNFADING INK. Supply every item of information carefully. The especially important. Physicians: please write the causes of death clearly and legibly

WRITE PLAINLY is especial

PLEASE

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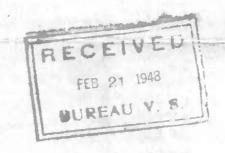
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore

#### CERTIFICATE OF DEATH

01340 eg. Diat. No. 38

The second secon	
1. PLACE OF DEATH:	2. USUAL PESIDENCE (HOME) OF DECEASED:
County 3 allune	State Manyland County Ballinge
(If outside city or town limits, write RURAL and give nearest town)	+ thousans
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:  113 Mare Avenue	Street No. 113 Wase Ave.
	(If rural, give LOCATION)
How long In hospital or Institution?	
Sarah (Sally) Elizabeth	Bruns  3. (b) Social Security Number
4. Sez 5. Color ograce 6.(a) Single married, without or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH February 11 1948 at 200 P.
6.(6) Name of husband or wife Bernurg P. Peruns	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
decased 6.(c) If alive, give age	March 1938 10 Feb 11 1948
7. Birth date of Marcal 17 1011	and that f last saw h. 27 alive on Tele 11.1.1348
deceased (mo., day, yr.) ////////////////////////////////////	Immediaic passe of death farcing page page lus DURATION
81 10 24min.	Left breast, general instastance 18 mg
9. Birthplace Towson, and.	Due to
9. Birthplace	oue to
10. Usual occupation	Due to.
11. Industry or business At Home	A
12. Name John J. Smith	Other conditions Callegra 3 mg
	(Include pregnancy within 3 months of death)
14. Maiden name Bridge # Scalley  15. Birthplace /reland	
W 15 Rithplace 11-e land	Major findings of operations.  Date of op.
Miss Margaret H. Swith	Autopsy results.
Address 113 Have Ave., Towson, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
= 11110	22. VIOLENCE: ff death was due to external causes, fill in the following;
(tiurial, cremation, or removal, Which?)  Date thereof Z (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt. Maria Cemetery	Where did Injury occur?
Location Towson, Md.	Injured at home tarm, Industry, public place (where?)
I de Burnes Inna	Means of Injury tnjured at work?
Address Town Miles	1. (Rolli & Hudana MD)
7.0 11 1 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE M. D. or other
(Date rec'd by (egist/ar)	Address Jowan Med Bate signed 2/11/48



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

0135043 Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County	Menutand Klen Muino
City or town	State County County
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	7041 Bak Jala G
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) TULL NAME Frank Bures	3. (b) Social Security Number
5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Wale Will Widowed	20. DATE OF DEATH Feb 6 19 48 at 12:40 PM
6.(b) Name of husband or wife. Many Gunes	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 6.(c) If allve, give ageyears	and that I last saw h Amerika on 7 86 6 19 4 8
deceased (mo., day, yr.)	Immediate cause of death Suranung DURATIGN
8. AGE: Years Months Days If less than one day	thrembosis I Sudden
88hrsmin.	
9. Birthplace	Due William Felerafia Cardia 2 yrs
10. Usual occupation Confenter-	Manuelle Justine
11. Industry or business	Due to
12. Rame John Live	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiadings of operations.
14. Maiden name. A.	Dale of op.
16. Informant John Byines	Autopsy results
Address 2938 Monument	
Berend 2-10-48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Dale thereof. (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Holy Hodeeyer	Where did injury occur?
Location galling orl md	tnjured at home, farm, industry, public place (where?)
18. Funeral director Grank Evach Son	Meens of Injury Injured et work?
Address 900 h. le hester st	Ans. I les
2/4/00 (P) Al Alexander	23. SIGNATURE M. D. or other
19. (Date vec'd by registrar)	Address Multa 6 Mult Bate signed 2-6-40

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PLAINLY, V is especially

PLEASE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH,

2411 N. Charles St., Baltimore

01351

DURATION Unknown

Unknown

Unknown

•			CERTIFICA	TE OF DEATH	Reg. Dist.	. No +	
1. PLACE OF DEATH: Baltimore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town. Fort Howard  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 256 days  Hospital, institution, or street address where death occurred:  Vets. Adm. Hosp. Fort Howard, Md.  How long in hospital or institution? 256 days				City or town Baltimore (If outside city or town Street No. 3568 Horton A	State Maryland County Baltimore City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 3568 Horton Avenue (If rural, give LOCATION)		
		aays	***************************************	2.(a) If veteran, name war			
JOSEPH					3. (b) Social S Unkne	Security Number	
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICA	L CERTIFICATI	ON	
Male	White		Married	20, DATE OF DEATH February	7	48 6:	
6.(b) Name of hospand  T. Birth date of deceased (mo., day, y	A +	6.0	tka (c) If allve, give age 58 yea	21. I CERTIFY that death occurred on the d May 26  rs and that I last saw himallye on I	ate above slated; that latters 47 to February 7	ruary 7	
8. AGE: Years	Months	Days 7	If tess than one dayhrs ml	Immediate cause of death Cardiac Dilatation			
	Unempley	county, and	d atate)	Due to.  Rheumatic mitra Insufficiency  Due to.			
						Unk	
14. Maiden name.	Barbara Va Bohem			(Include pregnancy wit		07	
16. Informani Cli	nical Reco		ets. Adm. Hosp.	Aotopsy results. Substantia PHYSICIAN: Please underline the cause	ated above to which death should be	e charged statistically	
Burial (Burial, cremation	or removal. Which?) Hely C	Date the	reof. (month) (day) (year)	22. VIOLENCE: If death was due to exter  Accident, sutcide, or homicide	Date (County	) (State)	
				Means of Injury	Injured at	work?	
			t., Balte., Md.	0. 1	00.4		

Address

Registrar Address.

PLEASE .

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

er. Dist. No. 30

1. PLACE 05 DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State County	
2 222	City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where whath occurred:	Street No. 12 att 7500.	
	(If rural, give LOCATION)	
How long in hospitat or Institution?	2.(a) tf veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Ven Ve		
4. Sex   5. Color or race   6.(a) Single, married, Giddwed, or divorced	213-09-6351	
J. Solid of face S. Colonies, marries, stores, or differen	MEDICAL CERTIFICATION	
IN W W	20. DATE OF DEATH. 20 Yel 19 18 21 1055 K.	
CAN Name of husband or wife Stella Vivainia		
6.(0) Name of nessame of which	21. I CERTIFY that death occurred on the date above stated; that I effended deceased from	
black 8.(c) if alle, give age Delelass	18 to 10 20 Kel 19 to	
7. Birth date of	and that I last saw h. Accompality on 20 4 21 19	
deceased (mo., day, yr.) WAST-, 4, 888	Immediaio caose ol deatha	
8. AGE: Years Months Day's If less than one day	Burch- premone 12his	
37 10 16min.		
9. Birthplace Launel, Wild.	81-	
9. Birthplace (Town, eounty, end stote)	Due 10	
10. Usuat occupation to lectoritians		
	Due 10 x	
11. Industry or business		
12. Name Land Charles 13. Birthplace Land M.	Other conditions Charles Syn -	
\$ 13. Birthplace Laurel Md.	Heart Direnal	
& Francis Uselet	(Include pregnancy within 3 months of death)	
14. Maiden name La 17 11 11 11 Specht  15. Birthplace Frederick Md;	Major findings of operations.	
E 15. Birthplace Frederick Md.	Date of op.	
Mes George molden!	Aolopsy resolts.	
16, Informant	OPHYSICIAN: Please ooderline the caose to which death should be charged statistically.	
Address / 2 Withert you. Illow, Ma	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Burial Date thereof Febru 4. 1948		
(Burial, eremation, or removal, Whish?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory At Johns Cense.	Where did injury occur?	
F 001/ AR 0: 2 500 D		
Location	Injured at home, farm, industry, public piace (where?)	
18. Funeral director La Alstoni Arms	Means of injury injured at work?	
	6 / 1	
Address 608 Tried escer live, Catons,	23. SIGNATURE.	
301. 24 US 1/8 Hans	M. D. of other	
(Date rec'd by registrar)	Address 14.2. Western 4 Dale signed 20 FeXTY	

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FEB 2F 1948

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Evodence		uge z	2411 N	. Charles	PARTMENT OF HEALTH St., Baltimore 1310 01353
FILM No. G 1	14 FEB	25 19	48 CERTIF	ICATI	E OF DEATH Reg. Diat. No
City or town(If out	timore Towso	n Its. write F	SURAL and give nearest too		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Baltimore
Hospital, Institution, or sta SHEPPARD A	neet address where d	PRATT			(If outside city or town limits, write RURAL and give nearest town)  Streel No. 2814 St. Paul Street  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME DAVII	GRAVES (	LEMEN	T SR		3. (b) Social Security Number
4. Sex Male	5. Cotor or raco White		e, married, widowed, or divorced dower		MEDICAL CERTIFICATION  20. DATE OF DEATH. February 13. 19 48 21 2:20 Pm
8.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)	<b></b>	8.(	c) It alive, give oge	years	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from Feburary 6  18. 48, to February 13, 48.  and that I last saw h. im. alive oo February 13  19. 48.  Immediato cause ol death Cerebral vascular BURATION
8. AGE: Years 93 -84	Months 11	Days 28	If less than one day		accident 2 weeks
Birthplace	ford Count (Town, c Lumber bus				& probable nephrosclerosis Unk.  Bue to Uremia 8 days
到 12. Name The	omas Cleme arford Cou				Other conditions Psychosis with cardiorenal disease. (Jucluda pregnancy within 8 months of doath)
14. Maiden name		inty,	Md.		Major findings of operations
Address 1		Date ther	(month) (day) (y)  METHOD (5)	ear)	22. VIOLENCE: If death was due to external causes, till in the tellowing:  Accident, suicide, or homicide
Location	PUL	34	MA		Injured at home, tarm, industry, public place (where?)  Means of Injury  Injured at work?
Address  19. 2 16 (Date reckl by regist	19 H	The state of the s	A 15. lfed	lich Registrar	23. SIGNATURE TATTY M. Mardock, M.D. M. D. or other  Address Towson 4, Md. Dato signed 2/13/48

WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 01354

	Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: The newborn infanty give residence of mother) State  County C
How long in hospital or institution?	2.(g) It veteran, name war
3. (a) FOLINAME  Stellman Melanolithon  6. (a) Single, married, widowed, or divorced	Coolur. 3. (b) Social Security Number
mele orlycle manys	MEDICAL CERTIFICATION  20. DATE OF DEATH ## 18 1945 21 5 P.
6.(b) Name of Investage of Selle Tovofrom  6.(c) It alive, give age years	21. I SERTIFY that death occurred on the date above stated; that I attended deceased from 19.48, to
7. Birth date of deceased (mo., day, yr.) Deff. 21-1869	Immediaic cause of death O OURATION
8. AGE: Years Month Oays It less than one day  27	ma II ding huban
9. Birthplace J. A. C.	Oue to.
10. Usual occupation	Que to
12. Name	Other conditione
14. Maiden name Property Color Open	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informació Larra Belle Copher	Autopsy results
Address Mofraco. md. R. U. H.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  Date thereot	Accident, suicide, or homicide
Cemetery or crematory. Auditor Dutter	Where did injury occur?
Location Education	Meens of Injury Injured at work?
Address Hampsterd Hed	23. SIGNATURE FRESH & Bush MD
19. To the state of the state o	Addres J Handes Line M. D. or other  M. D. or other  M. D. or other  M. D. or other  Addres J Handes Line M. Date eigned Z = 18 - 4.

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Dr. A	nderson	
3003	Shannon	Drive

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No.	
CEASED:	
Overlea	0.00000
te RURAL and givn nearest town)	******
1 Road	******
ATION)	
***************************************	******
. (b) Social Security Number	

## CERTIFICATE OF DEATH

T. PLACE O	F DEATH	l: Lea			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	
	Balt	cimore			State Maryland county Overlea	
				URAL and give nearest town)	City or town	
Hospital, Institut	tion, or stre	et address where d	eath occurred		Street No. 7417 Brookwood Road	
741	7 Bpc	okwood	Road		Street No. TAL DI OUR VV	
How tong In hos	pital or inst	litution?		***************************************	2.(a) tf veteran, name war	•••••
3. (a) FULL	NAME					3. (b) Social Security Number
		BEULA	AH CL	ARA DE ARMENT		
4. Sex	5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION
femal		white		vidowed	20. DATE OF DEATH February	11th, 19 48
D (l) Harrack h		Gı	лу Нол	race De Arment	21. I CERTIFY that death occurred on the date abov	
					Teb- 19.	- 112
7. Birth date of			. 31,	) If alive, give ageyears	and that I last saw h.C.Ralive on	611 1848
deceased (mo	Years	Months	Days	If less than one day	Immediate cause of death	DURATION
0,	67	5	11	hrs min.	Chara La	Jemmonne L
		Marian	Stat	ion, Md.	Callage 1	Cellino es
9. Birthplace		(Lown, c	county, and B	tate)	July 10.	
1D. Usual occup	pation		at hor	ne	Due to Hyber	luseon
11. Industry or	business				- S/	0 2 1 - 0
12. Name		John Jol	nnson		Dthey ponditions . Cilculed	Follower
		Md.	•		leapy Kear	(-
H 14. Maiden	name	?	******************		(Invited programmy within 3 m	
14. Maiden 15. Birthpia	ace	?			Major findings of aperations	
		Eric (	Gadsb	7	Autopsy results	
				Road, #6	PHYSICIAN: Please underline the cause to whi	
Address	rial	DIOOIL		0 34 40	22. VIOLENCE: If death was due to external caus	es, fill in the following:
17(Burlal, cre	mation, or	removal. Which?)	Date there	of (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or	crematory	L	orrai	ne Park	Where did injury occur?(City or town)	(County) (State)
Location		В	altim	ore, Md.	Injured et home, farm, Industry, public place (who	
		Leoner	d J.	Ruck	Means of Injury	Injured at work?
18. Funeral dire		Harfor	***************************************		Dan off	andrun
Address	2000	1/	7 /	A de la	23. SIGNATURE Palle C	ollow -
19. (Date rec's	by registr	ar) 19.7		Registrar	Rodress 3 00/Shamer	Will Date signed 2/1/45

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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1	-	
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1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED:
A Tattian about	(For newborn infants give residence of mother)
County County	State Mary and county & Jalumore
(If outside city or town limits, write RURAL and give nearest town)	State of the state
	City or iown (1f ourside city on town limits, whit RURAL and give nearest town)
How long in above place of death?	(If ourside city on fown limits, water CURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. O NEVON IIUU UME
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	12 (1) 5 - 15 - 1 - 1
3.(a) PULL NAME	3. (b) Social Security Number
Meorge direction of	218-10-3447
4.Sex / 5. Color or race / 6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION
mala Shita ( Marriad)	(1) 1/2 30P
Male Mule Marie	2D. DATE OF DEATH. TURNANY 11- 1978 21 2 1. A
Family (T 110/11)	21. I CERTIFY that death occurred on the dale above stated; that Lattended deceased from
6.(b) Name of husband or wife	
6.(c) If alive, give ageyears	1942 10 Feb. 19 H.)
7. Birth date of	and that I last saw h was alive on
deceased (mo., day, yr.) / Maly 9-1803	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Cardio Mascular Disease
82 9 2	
00 00 00 11	
9. Birthplace Carroll Co. Maryland	Due terresceros
(fown, county, and state)	
10. Usual occupation // Cachimist	
Ptill a mittel	Due to
11. Industry or busidess Lewis A 9 HAMMA	
# 12. Name Plonge My Dell	Other conditions Carpus on alogs
12. Name Leonge A. Dell 2. 13. Birthplace Marylana	apparently care of Lever
	(Include fregnancy within months of death 4/6/48 46
14. Malden name Poisse Martin	Major fisdings of operations.
Marilande A	
15. Birthplace / lautona	- Date of op.
16. Informant 116. Quality Vela	Autopsy results
a Haruhi Miles Name	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address & Ally Mills William 1	22. VIOLENCE: ff death was due to external causes, fill in the following;
(Burial, cremation, or remochal, Which')  (Burial, cremation, or remochal, Which')  (Burial, cremation, or remochal, Which')  (Burial, cremation, or remochal, Which')	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Lungua Luage	Where did injury occur?
Physille Manufand	
Location Westward Management	Injured at home, farm, Industry, public place (Where?)
18 Eugen House Durace Funeral Home	Means of injury Injured at work?
18. Funeral director	9-0-60 1-
Address 3631 Falls Load	- Whates
2/18/10 1 40 40	23. SIGNATOR M. D. or other
19. A Registrar	son Sundallatoum, Med Date signed 12/48
Registrat	11 Address Control of the Control of

PLEASE WRITE PLAINLY, WITH UNF DING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING

VS-A15

Dr Frm. 6 Martin Poslyn 1374 & 1

MARGIN

WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State ARYLAA County FALT COUNTY  City or town (If outside city or town limits, write RURAL and give nea  Street No. COULS (If rural, give LOCATION)	rest town)
COUENS 12.  How long in hospital or Institution? 5 YRS.	(If rural, give LOCATION)  2.(a) If veteran, name war	
3.(a) FULL NAME  ARABELLA DENU	3. (b) Social Security	Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced  FEMALE WHITE WIPOWED	MEDICAL CERTIFICATION  20, DATE OF DEATH	, 21.7.10P3
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended decer	- 0 -
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	and that I last saw h	OURATION
947 4min.	Vacaylar Discass	ربداو_5
9. Birthplace	Diabetes Mc/1.tons	5 100
11. Industry or business  12. Name	Dther conditions Uterus	p.C.
13. Birthplace PA.  14. Malden name	(Include pregnancy within 3 months of death)  Major fiedings of operations.	
16. Interment Sister many believent	. Actopsy results	statistically.
17. BURIAL Date thereof. Mal. 2/48 (Burial, eremation, or removal, Which?)  Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cometery or crematory ST MARY & CEMETERY  Location AMNAPOLIS MARYCAND	Where did injury occur?	(State)
18. Funeral director DEN L. HOPPING & SON	Means of injury Injured at work?	
Address 170-172 WEST ST. ANNAPOCIS y  19. March 1 19 48  (Date ree'd by registrar)  Registrar	DOL. H	2-28,46

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BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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1. PLACE OF DEATH: Kingsville	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County Kingsville  City or town Baltimore  (If outside city or town limits, write RURAL and give nearest town)  Street No. Sunshine Avenue  (If rural, give LOCATION)  2.(a) If veteran, name war.		
City or fown.  Baltimore  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  Sunshine Avenue			
How long in hospital or institution?			
3. (a) FULL NAME			
Magdelena D. Devers	s		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white widowed	20. DATE OF DEATH February 16 19 48 at / P.		
6.(b) Name of husband or wife Arthur L. Devers  B.(c) If alive, give age years  7. Birth date of Table 3 1976	21. DERILFY that death occurred on the date above stated; that takendar deceased from		
deceased (mo., day, yr.)  8 AGF: Years   Months   Days   If less than one day	Immediate cause of death		
מי מ	Corviary survivoso 3aa		
9. Birthplace Baltimore, Maryland	Tenes all anterioreles sun		
9. Birthplace (Town, county, and state)	Due to		
10. Usual occupation at home	Susertensin, Cardin - 5		
11. Industry or business	Makeulas Diseases.		
E 12. Name Phillip Gross	- Dither conditions		
13. Birthplace Germany			
E 14. Maiden name Barbara ?	(Include pregnancy within 3 months of death)		
14. Maiden name Barbara ?	Major findings of operations.		
	- Date of op.		
18. Informant Mrs Joseph Kinlein	Antopsy results		
Address Sunshine Avenue, Kingsville	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Parkwood Cem.	Where did injury occur? (City or town) (County) (State)		
Poltimono Wd	Injured at home, farm, Industry, public place (where?)		
Leonard J. Ruck	Means of Injury Injured at work?		
1B. Funeral director	Pon Mell		
Address 5305 Harford Road, 14	- Sonoton Hord J. I tudson, on &		
19. (Date rec'd by registrar) 19. 8. Registrar	1 - Tork M. D. or other		

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MARYLAND	STATE	DEPARTMEN	r of	HEALTH	0
	2411 N. CI	narlea St., Baltim	ore	131	1

<b>CERTIFICATE</b>	OF	DEATH

01359 Reg. Diat. No. 44

1. PLACE OF DEATH:  County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
		State Maryland County				
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)						
How long to above place Hospital, Institution, or	of death?	Days		City or town Baltimore (If outside city or town lim	its, write RURAL and give neare	at town)
			Howard, Maryland	street No. 214 Oakdale Roas	d	•••••
			monard, mar Trank		ve LOCATION)	/
		Days	***************************************	2.(a) If veteran, name warWW-2	***************************************	
3. (a) FULL NAME  KENNETH DEWART			EWART		3. (b) Social Security No	ımber
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL	218-05-6968 CERTIFICATION	
Male	White		arried	20. DATE OF DEATH February 2		8:02 A
6.(b) Name of hystrage	// Ann	o T D	awa wit	21. I CERTIFY that death occurred on the date a		
				September 2,		
7. Birth date of		6.(	c) If alive, give age40years	and that I last saw h imalive on Fe		
deceased (mo., day, y	r.) 4-3-12					
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death Coronary Thrombosis	with infonation	DURATION
35	10	22	hrsmin.	Our draryrin.onboara	WILDIIIII.GI.C.DIOII	OHAHOWH
		more Other cond: Hist	ory of hymer-	******************		
3. Birtiipiace	(Town,	eounty, and	itate)	tension 2 Yrs; Car		
1D. Usual occupation	Unemploye	d		marke Hypertrophy		
11. Industry or business				Antoniocalamacic con	onoligad	Unknown
量 12. Name Murray Warbewart				Nephritis, chronic, d	uration, Unknown	
12. Name Murray War Pewart  13. Birthplace St. Paul, Minn.			TV	Pulmonary in	farct, rt.	Unknown
14. Malden name Submit Clark				Nephritis, chronic, d Divosition Pulmonary in Veiled patent foramen (Include pregnancy within	OVAIE months of death)	
14. Malden name	Submit Cl	ark M H		Major findings of aperations		
≥ 15. Birthplace	MATICINES CET	9 14-111-			Date of op	
16. Informant	rurcar vec	ords,	vets. Adm. nosp.	Autopsy results. Substantiated above.		
Address Ft	. Howard,			PHYSICIAN: Please underline the cause to	which death should be charged sta	tistically.
Donné o	7		2/29/118	22. VIOLENCE: If death was due to external c	auses, fill in the following;	
17. Burial Bate thereof 2/2/45 (Burial, eremation, or removal, Which?)		Accident, suicide, or homicide	Date of			
Cemetery or crematoryBaltimore National Cometery			onal Cemetery	Where did injury occur?(City or town	) (County) (S	State)
Location Baltimore, Maryland  18. Funeral director Howard Blight, Jr.			yland (	Injured at home, farm, Industry, public place (where?)		
Howard Right In			isto i.	Means of Injury	tnjured at work?	
1071 D-7-4- D4 D-74- M4			Ralto Md			
				23. SIGNATURE + C. Manau	el_	
19. Att 26 19. 48 a. W. Hedreck (Date rec'd by registrar)  Registrar			W Hedresh Registrar	23. SIGNATURE L. Wanaugh,  H.C. MANAUGH,  Address V.A.H. Ft. Howard	M.D. Chief Profe	=25-48

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1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

01360

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County fall and Charles	State MARYLAND County BALLIMERE
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hood Low U.E.L. Hams	Street No. 6 1.5 100 00 LL L L COATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME TY / B "Lollie" V	A 3. (b) Social Security Number
4. Sec)   5. Color or race   8.(a) Siegle, married, wildowed, or divorced	MEDICAL CERTIFICATION
/ /// //	MEDICAL CERTIFICATION
temale White Dingle	20. DATE OF DEATH J & L 1. 8.7. 19 4/8 , st 7. V. M
6.(b) Name of husband or wife	21. I CRATHY that death occurred on the date above stated; that Lattended deceased from
yearsومر. give ageمر	Jace 6 1948, to 724 1918
7. Birth date of deceased (mo., day, yr.) 1980-4-1866	and that I last saw h
8. AGE: Years   Months   Days   tf less than one day	Immediate cause of death DURATION DURATION
81 .8. 78	
9. Birthplace Bollimari Md	Due to Becaraloges artis
(Town, county, and state)	· Solomores
1D. Usual occupation	Due to
11. Industry or business	
12. Name & Ta. A. A. B. T. b. b.	Dther conditions
13. Birthplace MARYLAN &	(luclude pregnancy within 3 months of death)
14. Malden name JORA A 6. DZ bb	Major findings of operations.
15. Birthplace MARGLAND	Date of op.
18. Informant / K.CO. HENT Jan	Autopsy results.
Address 615 Phymouth Rd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bupid L Date thereof Fib. 4-48	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory TREEN & MOUNT	Where did Injury occur?
Location 18996 10. M. C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director F. B. Wibbert . Y Don	Means of injury injured at work?
Address Bas Eustaw Phi 17	traceca Istonical
2-56 CX C2-186-01	23 AIGNATURE M. D. or other
(Date rec'd by registrar)	Address Date signed 2/3

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correct age

1. PLACE OF DEATH:

3. (a) FULL NAME

4. 8es

7. Birth date of deceased (mo., day, yr.)

13. Birthplacs

8. AGE:

How long in above place of death?..... Hospital, institution, or street address where death occurred;

Now long in hospital or institution?

Months

If less than one day

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

(	)	1	3	6	1	
g. Dist.	N	0	4	1	2	-

# CERTIFICATE OF DEATH

City or town(If	outside city or town itmita, v	1 / -	rest town)
Street No. 122	2 ELM	KIDEE_	HUE_
2.(a) if vsteren, name	Wer No		
ONRAD J	DIETERICK	3. (b) Social Security 1	Number
	MEDICAL CER	TIFICATION	0 15
20. DATE OF DEATH	2/19/4	8	7-13
K 21. I CERTIFY that de	eth occurred on the date above	stated; that I attended deces	sed from
	19	10	19
and that I last sew h.	alive on		
Immediate carpe of	leath	11.0244140415140041000111111111111111111111	DURATION
n.	moran	occluse	<b>~</b>
Due to			•••••
\$20107:021021030************			
Due to	***************************************	***************************************	
	***************************************		****************
Other conditions	***************************************		*******
- (Inc	lude pregnancy within 8 mor	iths of death)	
	erations		
The state of the s			
Antoney results			
PHYSICIAN: Please	underline the cause to which		statistically.
	eath was due to external causes	fill in the following:	
Secondarial amounted or	homicida	Date of	el.
Where did injury acci	(City or town)	(County)	(State)
	Industry public place (wher	(?)	
	thought has a break the	lajured at work?	
Meane of injury	21 1	/ / / /	with

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No....

/	
1. PLACE OF DEATH:  Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
Oronias	State Maryland county Baltimore
City or fown	07
How long in above place of death? 29 years	City or town
Hospital, Institution, or street address where death occurred:	Street No. 7001 Linden Ave.
mospilal, institution, of Street address where death socialises	Street No
Now long in hospital or Institution?	(If rural, give LOCATION)  2.(a) the veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
KATIE A. DODSON	S. A. B.
4. Sex   5. Color or race   6.(a) Single, married, widowed, or div	MEDICAL CERTIFICATION
female white married	
Temate willoo	20. DATE DF DEATH Feb. 18th 19 48 21 6:15 A
6.(b) Name of husband or wife Samuel C. Dodson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(0) Name of husbanu of wife	Years January 8, 1947, 10 Feb /8, 1948
6.(c) It alive, give age	years and that I last saw he and alive on Feb 17 19.48
7. Birth date of deceased (mo., day, yr.)  Dec. 31st, 1865	<b>V</b>
8. AGE: Years   Months   Days   It less than one day	
0. 70	acute Heart Failure 2 hour
	min.
9. Birthplace	Due to Carlie - Vascular
9. Birthplace	Mysertenine desere 10 years
10. Usual occupation at home	
10. USUAL OCCUPATION.	Due to Partoriosclassic 10 year
11. industry or business	
Andrew McCletchie	Dther conditions
13. Birtholace Scotland	
	(Include pregnancy within 3 months of death)
Brasheers	Major findings of operations.
Baltimore, Md.	Date of op.
Brasheers ,  14. Malden name Brasheers ,  15. Birthplace Baltimore, Md.	
16. Informant Mr. S. O. DOUSOIT	Autopsy results
Address 7001 Linden Ave.	
humi al 2/21/4	22. VIOLENCE: It death was due to external causes, till in the following:
17	) (year) Accident, suicide, or homicide
Parkwood	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory Baltimore, Md.	(City or town) (County) (State)
Location Baltimore, Ma.	Injured at home, farm, industry, public place (where?)
	Msans of Injury Injured at work?
18. Funeral director of assalm Funeral He	
7101 Relair Road	
Address (401 Decaration	23. SIGNATURE Michael J. Daniel M. D.
1. 19 - 110 has 9. L. Rudomis	In M. D. or other
Date rec'd by registrar)	Registrar Address Address Date signed



BUREAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg.	Diat.	No.	4	49	0
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City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  County  County  City or iown. A County  (If outside city or town limits, write RURAL and give nearest town)  Street No. 7 3  (If rurai, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
De lores Mae Dowdy.  4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Tenale White Rengle	20. DATE OF DEATH 20 2 2 19 48, at 12 49 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4. 5.
7. Birth date of deceased (mo., day, yr.)	and that I last saw h M alive on 2005
8. AGE: Years Months Days If less than one day 18	Immediate cause of death  Anophy of the fram  12 910
9. Birthplace (Town, county, and state)	Due to Orichadenice. 1290
10. Usual occupation	Due to. Smulsims 12 yrs
12. Name Caymond E. Dawdy  13. Birthplace Chartofully Ophio	Other conditions
14. Maiden name Carlog M. Bailey 15. Birthplace Esholale, H. Vr.	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant Gaymand & Sharfy Address 7731 Dairguen B.J.	Antopsy results
17. Burial, cremation, or removal. Which?)  Date thereof. 7-74-48 (month) (day) (year)	22. VIOLENCE: tt death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory.  Ballimore	Where did injury occur?
18. Funeral director, George a. Farley	Means of Injury tnjured at work?
Address Fulta Save + Fagettest  18. 2/23/48 18. Q-W- / Address (Date rec'd by registrar)	23. SIGNATURE Ward N- Culled M. D. or other  Address 2 Knolageld Mudelh > 2 Date signed 2/23/48

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	PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The	
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CERTIFICAT	E OF DEATH Reg. Diat. No. 33
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Baltimore  City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town)  Street No. 75 Main St  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Sucial Security Number
Mary Elizabeth Tinkler Ducker	None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   W	MEDICAL CERTIFICATION  20. DATE OF DEATH FLO 24 19.48 21 41207
6.(b) Name of husband or wife George E. Ducker  6.(c) It alive, give age years  7. Birth date of deceased (mo., day, yr.)  January 27 1857	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  12-24-  19.37, to  19.48  and that I tast saw h 22. alive on 7.46.2.3  DIRECTION
8. AGE: Years   Monthe   Days   If test than one day   91   0   27  hrsmin.	artiriaschrolic E-V. Dissas 3 yre
9. Birthplace Baltimore Md (Town, county, and atute)  1D. Usual occupation Housewife  11. Industry or business	Due to
12. Name John Tinkler 13. Birthptace England  14. Malden name Anna Haskard  15. Birthplace England	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Miss Hattie Tinkler  Address 75 Msin St Reisterstown Md  17. Eurial (Burial, cremation, or removal, Which?)  Cemetery or crematory Trinity Lutheran Cemetery	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to externat causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (State)
Location Reisterstown Mc	Injured at home, farm, industry, public place (where?)  Meens of Injury  Injured at work?
18. Funeral director. Wm Berryman & Sons  Address Reisterstown Md  19. 2-24-19. 48 Mark B. ELine (Date rec'd by registrar)  Registrar	23. SIGNATURE D. D. Caples, M. D. or other  Address. Revaturation, M. D. or other  Date signed 2-26-48.

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BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

01365 44 Reg. Dist. No.

1. PLACE OF DEATH County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town. (If outside city or town limits, write RURAL and give nearest town)	State County
low long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
lospital, Institution, or street address where death occurred:	Street No.
15 16, 1245 19 Men Essel	(If rural, give LOCATION)
ow long in hospital or Institution?	2.(a)    veteran, name war
B. (a) FULL NAME august Hilliam	2 3. (b) Social Security Number 213-01-4340
1. Sex 5. Color or rate S.(a) Single, married, widowed, or divorced  Male Dobile Widoward	MEDICAL CERTIFICATION  20. DATE OF DEATH
Berths Gageranu-	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(i, (b) Name of husband or wife	19 10
Birth date of S. (c) It alive, give ageye	and that I last saw halive on
deceased (mo., day, yr.)	Immediate Inse of death
. AGE: Years Months Days It less than one day	
60 9 /hrs	in Coronery seculary Rul
Birthplace Baltimore	Due to
(Town, county, and state)	
10. Usual occupation.	Due to
t, industry or business	
12. Name Chu-quer Caques	Other conditions
12. Name Chropist Cages  13. Birthplace Balts, Col.	
	(Include pregnancy within 3 months of death)
14. Maiden name many 5 19 15. Birthplace Balto tes.	Major findings of operations.
El 15. Birthplace	Date of op.
16. Informant Carrie Bonce Recumber	Antopsy results
Address SIS Plan frill UT: Dally 13 72	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Survel. Date thereot It at - 46	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory	Where did injury occur?
Location Control of the Control	Injured at home, farm, industry, public place (where?)
18. Funeral director John S. Connelly	Means of Injury injured at work?
with & tare Deel	man har o ha
Address 4/8 6 asiers Cers	23. SIGNATURE STATE OF THE STAT
19. 2-3-48 19. Han D Connelly  (Date rec'd by registrar)  Regist	Wepsity median character of
(Date rec'd by registrar) Registr	Address

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contract is especially important. Physicians: please write the causes of death clearly and legibly

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MARGIN

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No.	T 1		
1. PLACE OF DEATH:  County Baltimore  City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 5 days.  Hospital, Institution, or street address where death occurred:  Veterans Administration Hospital  How long in hospital or institution? 5 days.  3. (a) FULL NAME	State Maryland County Baltimore  City or town Dundalk (If outside city or town limits, write RURAL and give nearest town)  Street No. 24 Midship Road (If rural, give LOCATION)  2.(a) th veteran, name war. WW.			
HARRY T. ELMORE	3. (b) Social Security I Unknown	Aumber		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20. DATE DF DEATH February 6 19.48			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that i attended decrease.  February 1 19 148 to February and that I last saw h. im alive on February 6.	6 19 48 19 48		
8. AGE: Years   Months   Days   It less than one day	TUBERCULOSIS, PULMONARY, BILATERAL, FAR ADVANCED, ACTIVE	6 yrs.		
9. BirthplaceOhio	Bue to			
13. Birthplace Ohio  14. Maiden name Margaret Andrews  15. Birthplace Ohio	External (include pregnancy within 3 months of death)  Major findings of operations	Unknown		
Address Fort Howard, Md.  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory. Baltimore National Cemetery	(013) 01 00 011)	(State)		
Location Baltimore, Maryland  18. Funeral director Roland Fisher  Address 2112 Dundalk Ave. Balto. Md.  2/7  19. (Date ree'd by registrar)  19. (Date ree'd by registrar)  19. Registrar	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  13. SIGNATURE  H.C. MANAUGH, M.D., Chief, Profession  Address. VAH, Ft. Howard, Md. Bate stand 2	onal Serv		



2411 N. Charles St., Baltimore

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	atog. District
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	The d'
(If outside city or twn limits, write RURAL and give nearest town)	A CONTRACTOR
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
Hospital, institution, or street address whero death occurred:	Street No. 1410 Shore Rel
	(If rural, give LOCATION)
How long in hospital or institution?	2.(α) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry Multon 6	ngelbrecht
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Sugle	20. DATE OF DEATH February 27 1948 at 1:45 P
	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
6.(b) Name of husband or wite	Dec 6, 1947 19 47, 10 January No. 19 48
7. Birth date of 5 106 5	and that I last saw h
deceased (mo., day, yr.) March 30 - 1882	Immediair cause of death DURATION
8. AGE: Years   Months   Days   if less than one day	acclusion
62 10 28mir	л.
Balting are - Tud.	Que to Celeritic
9. Birthplace (Town, county, and tate)	Heart Desease
10. Usual occupation Man share	Due to
11. Industry or business Jerman	000 10
	Other conditions Aukunsonuss
12. Name Les Engelbrech	Unner conditions.
13. Birthplace Detimally	(Include pregnancy Within 8 months of death)
E 14. Maiden name Calledina Slovens	Major findings of operations.
E 15. Birthpiace Gomany	
Turs Dansena Mechan	Antopsy results
16, Informant MANS	PAYSICAN: Please underline the cause to which death should be charged statistically.
Address 1410 Shake 100. Managurige	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial cremation of Fiboval, Which?)  (Burial cremation of Fiboval, Which?)	Accident, suicide, or homicide
(Burial, cremation, grenoval. Which?) (month) (day) (year)	Whose did latury occur?
Cemetery or crematory	
Location Dats Mol.	Injured at home, farm, industry, public place (where?)
a. C. Nuller stree	Means of injury Injured at work?
18. Funeral director.	1 / Ollow mx
Address 2 435 G. Cliver of	23. SIGNATURE pasephy Cellian 1/12
1. 2/28 1. 48 (i W. Hedrich	What It land of for M. B. or other
(Date rec'd by registrar) Registra	Address 606 Millem 14 Cl. Date signed V. 7/10

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A15 AS

9-45-15M

VS A15

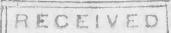
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01368

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME William Harry Ewing	3. (b) Social Security Number 2/3 = 07-2326
6.(a) Single, married, widowed, or divorcety  White Shellett  6.(b) Name of husband or wife. Derical L. Shellett  7. Birth date of Shellett Shellett  7. Birth date of Shellett Shellett	MÉDICAL CERTIFICATION  2D. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 19. 19.
deceased (mo., day, yr.) NOV, 2 2 10/5	and that I last saw h
8. AGE: Years Months Days If less than one day  2 2 2	Bue to
16. Informant Lies - Durale J. Coming  Address Chase Bld. Boy 573	(Include pregnancy within 3 months of death)  Major fiudings of operations
17. (Burial, cremation, or removal, Which?)  Cemetery or crematory. Mt. Mariah  Location	Accident, suicide, or homicide
18. Funeral director Som b. Connelly Address 48 Eastern Cyt.  19. 2/16/48 19 / Shan B Connelly (Date rec'd by registrar)  Registrar	23. SIBNATURE. M. D. on other M. D.



FEB 17 1948

BUREAU T. S.

PLEASE WRITE PLAINLY, WITHUM is especially important.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

01369

Reg. Diat. No ...

C	10	y	,	/	. /	/
ıt.	No.		7		<b>Y</b>	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infange give residence of mother)
P	State 711d. County Balls:
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	Street No. 6 Frerry Garden Rd. Route 13
	(If rural, gree (SCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Herbert W. Ey Sr	3. (b) Social Security Number
Male White Married Warred	MEDICAL CERTIFICATION  2D. DATE OF DEATH.  MEDICAL CERTIFICATION  2D. DATE OF DEATH.  MEDICAL CERTIFICATION  2D. DATE OF DEATH.
6. (b) Name of husband or wife Ethel D. Ey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.47 to #19.48
7. Birth date of 7.4 Section 1.5 Section 1	and that I last saw h. / M. alive on Feb. 4 th 1848
deceased (mo., day, yr.) March 0 7.7  8 A.G.E. Years   Months   Days   It less than one day	Immediaic cause of death. Technology DURATION
8. AGE: Years Months Days It less than one day  10 26hrsmin.	edema & Cardine assert
9. Birthplace Oodfo, Md.	Due to. Cachepia
10. Usual occupation	Due to advanced metablic
11. Industry or business	Careinons-
12. Name Edward Ly  13. Birthplace Md.	Ridney disansed 2 years ago
14. Maiden name Margaret Michealman  15. Birthplace Balto Ma	Major findings of operations.
≥ 15. Birthplace Gallo, Md.	Date of op.
16. Informant Ellist V. Egg P. A. T. 1.3	Autopsy results
Address Therry Gas den Rd. Cyrilo # 18  17. Burial (Burial, cremation, of removal, Which)  Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following;  Accident, suicide, or homicide
Cemetery or crematory Bak Lawy Ger.	Whers did injury occur?
Location Eastern Gre.	Injured at home, tarm, industry, public place (where?)
18. Funeral director of the La, Miller	Msans of Injury Injured at work?
Address 2334 Sellenor St.	of and A 6 north
AUGUSSS AUGUST A	23. SIGNATURE M. D. or other
19. Oate rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address 901 Fullege All Bell 30 Date signed 5 Feb 48

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01370

			2/
leg.	Diat.	No.	30

# CERTIFICATE OF DEATH

/				
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
		***************************************	State Manyland County D	one
City or townCatons.v.	ille 28 Mary	land URAL and give nearest town)		
How long in above place of deat	h? 32 yrs. 8	mos. 24 das.	Clty or town	nearest town)
Hospital, institution, or street			Streef No	
		tal ol dos	(If rural, give LOCATION)	
How tong In hospital or Institu	lion?JAY.E.SQ	mos. Zu das.	2.(a) If veteran, name war	V
3. (a) FULL NAME W			3. (b) Social Securi	ty Number
John F				
4. Sex 5. Co	for or race 8.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white	Single	20. DATE OF DEATH February 19, 19 4	86:30an
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date above stated; that I affended d	
7, Birth date of		c) If alive, give ageyears		
7. Birth date of deceased (mo., day, yr.)	1881		and that I last saw halive on	
	Months Days	If less than one day	Immediate cause of death	DURATION
67		hrs min.	Cardine Tailure	
	and an Comme	mi		
9. BirthplaceDorch	(Town, county, and	itate)	Due fo.	
10. Usual occupationF.	armer		Cardia Vascular des	10000
11. Industry or business A	eri culture	o M.	Due 10	
	XIM	1. Timbar	Other conditions	
F	reland	. 07		*****
×	Floria	LIT Shammer	(Include pregnancy within 3 months of death)	11111
14. Maiden name	in in the state of the	CUA WICKERON	Major findings of operations.	
15. Birthplace I	reland /		Date of op	
18. Informant	spital Recor	de	Autopsy results.	N
	tonsville 28		PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.
		Feb 21 1948	22. VIOLENCE: If death was due to external causes, fill in the following:	•
17. Ourial (Burial, cremation, or ren	noval Which?)	(month) (day) (year)		
Cemetery or <del>orematory</del>	Duna	116 age	Where did injury occur?	(State)
Location	Tikesvik	e ma	Injured at home, farm, Industry, public place (where?)	
6/0.	1011 Th. 46	ukin / Son	Means of Injury Injured at work?	
18. Funeral director		The state of the s	01 1 11 11	1 dafler
Address // Co	illon 10	icaga xio	23. SIGNATURE LEV- J. M. Cieffe	recom 10g
19 geb 20	19 48	R.W. Hadrick	D M.	D, or other
(Date rec'd by registrar)	)	Registrar	Address 1010 Deeds on Date sign	ed 2,19,48

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

### CEDTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fants give residence of mother)  State
How long In hospital or Institution?	2.(d) If veteran, name war
3. (a) FULL NAME  Margaret Fitzpa	trick  3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Si gle, married, widowed, or divided	MEDICAL CERTIFICATION
F. W. W.	2D. DATE OF DEATH. 2-2-48 10.48 21 7.30p
6.(6) Name of husband or wife. Patrick Fitzpatrick	21. I CERTIFY that death occurred on the date above stated: that I affended deceased from
7. Birth date of deceased (mo., day, yr.) August 8, 1866	and that I last saw h
8. AGE: Years Moords Days If less than one day  5 25	Cerebral Phrombosis I week
9. Birthplace(Town, county, and gate)  10. Usual occupation	Selfer Cardis varentas
11. Industry or business  12. Name Williamy Mullin	Other conditions
14. Maiden name Mary Holleran  15. Birthplace  Pa:	(Include pregnancy within 3 months of death)  Major findings of operations.
E 15. Birthplace Ga.	Date of op
16. Informan Mes adrian Paluskiericz	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 43 Journality Coad; Duysalle, 24  17. (Burist, cremetally, or removal, Which?)  Date thereof. J. (mopth) (day) (year)	22. VIOLENCE: If dealh was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Sacred Heart	Where did Injury occur?
Location Williamstown; O. G.	Injured at home, farm, Industry, public place (where?)  Maans of Injury  tnjured at work?
Address 2/12 Dundalk ave	Eugen 7 non M.D.
19. 2/3 19.48 Mein M. June Registrar)	23. SIGNATURE OF MONEY 9 TO BY D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING



VS

2411 N. Charles St., Baltimore

Be

01372

### CERTIFICATE OF DEATH

Y	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Baltimore	(For newborn infants give residence of mother)
City or town	State Maryland county Baltimore
How long in above place of death? 2 yrs. 8 mos. 6 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1727 E. Oliver Street
Spring Grove State Hospital	World War I
How long in hospital or institution? 2 yrs. 8 mos. Ladayo	2.(a) If veleran, name war. World War I
3. (a) FULL NAME	3. (b) Social Security Number
James Fleckenstein	Flackenstein
4. Sex S. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white divorced	Walnus 35 1.0 5 15 a
	20. DATE OF DEATH. February 15 19 48 at 5:45 a
6.(b) Name of husband or wife Marie Desort	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	June 29, 1945 19 10 Feb. 15 19 48
7. Birth date of deceased (mo., day, yr.) August 7. 1895	and that I last saw h im alive on February 15 18 48
8. AGE: Years   Months   Days   It less than one day	Immediata cause of death
52 6 8hrsmin.	Cirrhosis of liver 3 yrs.
9. Birthptace. Baltimore, Maryland (Town, county, and atate)  1D. Usual occupation. Clerk  11. Industry or business	Due to.
12. Name Adam Fleckenstein 13. Birthplace Germany	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Margaret Mueller 15. Birthplace Germany	Major findings of operations.
2 15. Birthplace Germany	Date of op.
16. Informant Mrs. Sophia Herbert Auf Records	Autopsy results.
Address 1219 East Chase St. Belto. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
A 1	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burlal, cremation, or removal, Which?)  (Burlal, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory, Balto, National	Where did injury occur?
Commetery of Circumstation	
	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address 1 1800 E Lon bard St	23 SIGNATURE Isadore Tuerk, M.D.
1, 2/17 , 48 A.W. Hedrich	Catonsville 28. Md. 2-15-48

Reg. Diat. No.

2. USUAL RESIDENCE (HOME) OF DECEASED: (If rurol, give LOCATION) 3. (b) Social Security Number 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from OURATION (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following

Jane July



1

Evidence for addition of usual MARYLAND STATE DEPARTMENT OF HEALTH residence of deceased shown of MARYLAND STATE DEPARTMENT OF HEALTH

HIM No. G 114 APR 6 1948 CERTIFICATE OF DEATH

01374

Reg. Diat. No. 30

1. PLACE OF DEATH: County / 6 Justing are Catonsulle mo	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)
1	State Md. County
City or town	Pata illa Bali a Con
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 16 7 ustoja al
House in Penes	(If rural, give LOCATION)
How long In hospital or institution?	2(0) H voloran, norme was 1903 to. Rogers ave.
3. (a) FULL NAME	3. (b) Social Security Number
	ed
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white Widow	20. DATE OF DEATH Feb 11 1948 21 819 M
Lator Sources	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(b) Name of husband or wife gatt gatte	Jan. 4 19N8 10 Feb. 11 1948
	21 11 1100
7. Birth date of deceased (mo., day, yr.)	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
Call	
84hrsmln.	Cerebral Henorhage 5 da
a Richalace Hungary	Due to
9. Birthplace (Town, Junty, and Jule)	Jeansley de Crischeronia 15 31:?
10. Usual occupation	
0 0	Due to
11, Industry or business	
12. Name Unknow  13. Birthplace Hungang	Other conditions
13. Birthplace then gang	(Include pregnancy within 8 months of death)
I sen bunto	
14. Malden name Unknow  15. Birthplace Hair gary	Major fladings of operations.
\$ 15. Birthplace Hacingary	Date of op.
16. Informant Harry Fried	Autopsy results.
1902 trut P - 200- 100	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1703 0 W Ogers are	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17 Runal Date thereof 7.86-13/48	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory Balto Hellew Cemely	Where did injury occur?
Location Below Cloud.	Injured at home, farm, Industry, public place (where?)
18 Funeral director Sol Levysion Bro	Means of Injury Injured at work?
Address 1124, W. north are	21/ X -9 1/ 75
	23. SIGNATURE M.D. or other
19. 2/12 19XE W.W. Hedrick	Catonsville - 28, Wel Bate stoned 2 - 12-45

CERTIFICAT	E OF DEATH Reg. Diat. No. 33
1. PLACE OF DEATH:  County BALTI MORE  City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? PA 19, 1948  Hospital institution, or street address where death occurred:  MT. PLEASANT SANATORIUM  How long in hospital or institution? from Pel. 19, 48  3. (a) FULL NAME  BENJAMIN FRIEDMAN	2. USUAL PESIDENCE (HOME) OF DECEASED:  (For new)orn infants give residence of mother)  State
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	ACDION OF THE CATION
MALE WHITE SINGLE	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb. 19, 48 19 to Feb. 20, 48 19 and that I last saw here alive on Feb. 20, 48 19 Immediate cause of death OURATION
5 60?hrsmin.	MYSCHKDIHL
9. Birthplace	Bue to FAR ADVANCED PULMONARY TUBERCULOSIS / Year  Bue to
12. Name Jose 12 H  13. Birthplace Lithuania	Dther conditions
14. Maiden name Rose Levine Lithuania	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Hannue Truedman	Antopsy results
Addres 147 No Montford  17. (Burial, cremation, or removy Which?)  Cemetor Occematory  Location  Location	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Address 2000 Entare Place  19. 12 t	23. SIGNATURE CECIL RUDNER. M.D. Or other Address MT. PLED SANT SANATERIGED, Fel 20, Y8

BINDING

FOR

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MARGIN

FEB 24 1848

### MARYLAND STATE DEPARTMENT OF HEALTH

St., Baltimore

Reg. Dist. No. ...

# E OF DEATH

2. USUAL RESIDENCE (HOME) OF (Former-horn Infanty live residence of m	DECEASED:
State Coun	, Wallinge
City or town	write RURAL and give nearest town)
Street No(If rural, give I	OCATION)
2.(a) It veteran, name war	
	3. (b) Social Security Number
u	217-09-7237
MEDICAL CA	RTIFICATION
20. DATE OF DEATH	9 1048 11075 P-11
21. I CERTIFY that death occurred in the date above	
13	, 10
and that I last saw haliye fon	19
	ciary chines DURATION
vascular Cermany	Feeling 211, 7/4/18
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 m	onths of desth)
Major fiedings of operations	
Autopsy results	ch death should he charged statistically.
22. VIOLENCE: If death was due to external caus	es, fill in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (wh	ere?)
Means of Injury	Injurged at work?
23. SIGNATURE COLLIN	M. D. or other
Address Towan M.	Date signed 49148.

		2411 N. Charl	es
14		CERTIFICAT	[]
1. PLACE OF DEATH	•		11
County Dutte	me	***************************************	
7/11/200	W	RURAL and give nearest town)	
	A		1
How long in above place of death? Hospital, Institution, or street add			
How long in hospital or institution	?		1
3.(a) FULL NAME	Jacob	Elwood Ful	
Wale W	ite M	igle, married, widowell, or divorced	
6.(b) Name of historia or wite	Hilda B	Rauche Krimm.	
7. Birth date of 2			
deceased (mo., day, yr.)	The second secon	(77	
8. AGE: Years Mo	nths Days	If less than one dayhrsmin.	
9. Birthplace	(Townsounty, an	time G. Md.	
10. Usual occupation	guffen		
11. Industry or business	Here	1	-
12. Name Facult 13. Birthplate Park	+ OTA	)	
			1
14. Maiden nameCom	a Otoo	~ ~ .	1
E 15. Birthplace Wes		, hole	-
16. Informant gawl. Address Par	Feller In	2	
17. Ruid (Burial, cremation, or remo	-	nereot Feb 12, 1948	
Cemetery or crematory. Pa	in bur	4	.
Location Parketin	S. RIB		
18. Funeral director Hac	and A B	reblin	
Address 45	Lite He	el me	
19. 2/14/48 (Date rec'd by registrar)	.19	0 1	

# RECEIVED

FES 17 1948

BUREAU V. S.

01377

CERTIFICATE	OF	DEATH

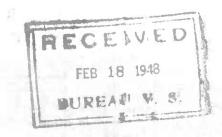
CERTITICAL	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbook infants give residence of mother)  State
How long In hospital or Institution?	2.(a) It receall, flame was
3. (a) FULL NAME  4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION
A. W. Single	20. DATE OF DEATH FEBRUARY 11, 19 48, 21 7:30 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that Labrended deceased from 18.4.8.  and that I last saw h
8. AGE: Years Months Days If less than one day 34	Immodiate cause of destil Acusalin & DURATION ON, N
B. Birthplace	Due to Due to
11. Industry or business  E 12. Name Sany F. Siffin  13. Birthplace Md.	Other conditions
14. Malden name. Sliga Hale  15. Birthplace  2011	Major findings of operations
16. Informant Mas account it, count and a	Autopsy results
17. Burial, cremation, or removal, Which?)  Date thereof	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
Cemetery or crematory Viville Missing Missing Continues Missing Missin	Where did Injury occur? (City or town) (County) (State)  Injured at home, tarm, Industry, public place (where?)
18. Funeral director Clarent T. Cuthur	Means of Injury,  Mijured at work?  Mijured at work?
Address  19. T. J. 13 19.48 C. E. Authur  (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	23. SIGNATURE JOSEPH M. D. or other  Address Date signed 2 12/48
(Date rec'd by registrar)	Audicas

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The correst Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE WRITE PLAINLY, WITH VNF is especially important.



2411 N. Charles St., Baltimore

01378

# CERTIFICATE OF DEATH

			4	4
Reg.	Dist.	No.	 	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Balto	(For newborn intants give residence of mother)
	State County
City or town	City or town Pour ous By
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 508
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
	3. (b) Social Security Number
3. (a) FULL NAME	5. (b) Social Security Number
× alle K Ka	anly
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
T O m	
J C M	20. DATE OF DEATH Sebruary 14 1948 21 5 P. A
Enament	21. I CERTIFA that death occurred on the date above stated; that I aftended deseased from
6.(b) Name of husband or wife Canalah	June 1947 1 184 19 48
	ars // 46/ /3.
7. Birth date of deceased (mo., day, yr.) Clus. 31-1500	and that hast saw has alive on 19
Because (more and year)	Immediate cause of yeath Control (Control
6. AGE: 1/2	Carry on on wa
4 / 6 /3hrs	au la Maniforn
Wardward S. 6.	Due to Gines aloned Cas ain analones 6 m o
9. Sirthplace (Town, county, and state)	
America	Charles Caro and Arrest
10. Usual occupation	Due to Ormany Carcinoma of France
11. Industry or business	- June-ferre
= 12. Name Thamas olning	Other conditions
00	
	(Include pregnancy within 3 months of death)
14. Malden name Dolly Julio  15. Birthplace	Major findings of aperations Isum any Car Cun om a of
15 Birthniace	DON Sec. 7
≥ 15. Birthplace	Date of op.
16. Informant Carried Thadrey	Autopsy results.
Address 808 9. 55	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 0 7 71-17-40	22. VIOLENCE: It death was due to external causes, till in the following:
17. Date thereof. (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	Where did Injury necur?
Cemetery or crematory	Where did Injury occur?
Fampus d 60 S.G.	Injured at home, farm, Industry, public place (where?)
Location 2 12 1	Means of Injury Injured at work?
18. Funeral director Samuel . Dullwan	
with and int an alaba	Thanks MI
Address 1011 11 William Mre - Dallo	23. SIGNATURE AUSM 60. 1. WOUTH 10
1184 15- 48 Dawson J. Harb	Es 1204 : Fix n 1 M. D. or 2/15/48
(Date rec'd by registrar) Regist	rar Addres Addre

BINDING FOR RESERVED MARGIN information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

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PLAINLY, V WRITE PLEASE SA

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BUREAU V. S.

2411 N. Charles St., Baltimore

correct age

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A15 AS 01379

leg.	Dist.	No.					
			В	2	١	0	,

CERTIFIC	CATE OF DEATH Reg. Dist. No.
County	City or town (If outside city or town finits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 4 5/Color of race 6.(a) Single, married, wildowed, or divorced Married	MEDICAL CERTIFICATION  20. DATE OF DEATH 19 4, 51
6.(b) Name of husband or wife  8.(c) If allve, give age  7. Birth date of deceased (mo., day, yr.) August 31, 1897	and that I last saw h
8. AGE: Years Months Days If less than one dayhrs.	Immediate cause of degth Valvuston DURATI
9. Birthplace (Toya, county, and state)	Due to
10. Usual occupation	Buo to
12. Name Lewis Setrollo	Other conditions
14. Malden name Angel Stomarco  15. Birthplace Styly	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Less to Petralla	Autopsy results
Address 39 ro Clarmont At  17 Rusial Bate thereof 2-26-4	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year Cemetery or crematory	Accident, suicide, or homicide
Location Suncas Property 18. Funeral director Ashman	Injured at home, farm, Industry, public place (where?)  Meens of Injury  Injured at work?
Address 3 000 E. Red. F. St.	23. SIGNATURE Whilmer Bother In 1
19. 2/25 (Dato rec'd by registrar)  19. 48. dr.W. Joedu. Regi	ch Address White Hall Bate signed F. R. 2

VS A15

1. PLACE OF DEATH:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01380

# CERTIFICATE OF DEATH

2 IISHAL RESIDENCE (HOME) OF DECEASED.

Reg. Dist. No. 39

County	(For newborn infants give residence of mother)  State MALL County on County of County
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	
Male White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH FALLOW 15 19.48 of 5 20 H M
8.(b) Name of two band so wife ACMA SCHUITE HANNIKAS  7. Birth date of AMA Schuite HANNIKAS  7. Birth date of AMA Schuite HANNIKAS	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.45  and that I last saw h
deceased (mo., day, yr.) ///arch 3,1854	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	my ocerst Chronic ?
9. Sirihplace	Due to
10. Usuat occupation	Due to.
11. Industry or business FAYMEY  12. Name	Other conditions Jangues of both legs
	(Include pregnancy within 8 months of death)
14. Malden name UMKMOWM  15. Birthplace	Major findings of operations
16. Interment Atthur Haumble	Antopsy results
Address Phoenix P.O., Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buria, cremation, or removal. Which?)  Date thereof. Fell. 17/948 (month) (any) (year)	Accident, suicide, or homicide
Cometery or crematory Jacksonuille Retormed	Where did injury occur?
Location Jacksonville Batto, Can Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Johns Prursus Logica	Means of Injury Injured at work?
Address Tourson W.S.	-'a' a D 0 /au
18/2-16 elle anna Price	23. SIGNATURE 1.6 de Tee & M. D. or other
(Date ree'd by registrar) Registrer	Address Swelle - Med Date signed 2/55 48



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

TH 01381

Reg. Dist. No. 43

i. PLACE OF DEATH: Ito.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powhern infants give residence of mother)
City or town	State County County
ow long in above place of death?	City or town
Hospital Institution, or street address where death occurred:	Street No. 9 E. Elm asp
recan 14 + France any	(If rural, give LOCATION)
tow long in hospital or institution?	2.(a) If yeleran, name war
3. (a) FULL NAME D	3. (b) Social Security Number
4 Sex   5. Color or race)   6.(a) Sipple married, widowed, or divorced	Trace 1090-07-7166
6. (a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
M. Hyli Marrier.	20. DATE OF DEATH
6.(b) Name of habynd by his Thrule	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
1. Birth date of deceased (mo., day, yr.) Dec 13 1905	and that I last saw h alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
42 39 2 6nin.	Course Feduran 12
9. Birtholace / Balto	Que 100 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0
(Town, county, and atate)	Chronic alcotoling 3 18 47
1D. Usual occupation	Due to
11, Industry or business	
12. Name Joseph H. Hanrahan	Other conditions
13. Birthpiace Add 188h New Ork	(Include pregnancy within 3 months of death)
14. Maiden name. Minnie L. Martin	Major findings of operations
15. Birthplace Ireland	Date of op.
16. Informant Phyllis F Hahrahan	Autopsy results
Address 9 E. E. m Ave	
Burial Date thereof 3 3 48	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?),  Cameters or cramators  Cameters or cramators	neciating street, and an arrangement of the street, and arrangement of the street, arrangement of the street, and arrangement of the street, and arrangement of the street, arrangement of the street, and arrangement of the street, arrangem
Commercial of the commercial o	Where did injury occur? (City or town) (County) (State)
Location MINGSOF MILL STA	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address 7110 Belait Ra	M Mearing M.D
3/1 XF A. W. Hedred	23. SIGNATURE MELLES & Sam. D. or other
19	Address. A. Date signed 2/2, 9/6/8

a coprect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consession is especially important. Physicians: please write the causes of death clearly and legibly.

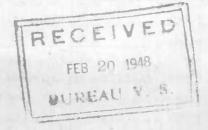
MARGIN RESERVED FOR BINDING

VS A15

# CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: Baltimore			2. USUAL RESIDENCE (HOME (For newborn Infants give residence	E) OF DECEASED:
City or town	n, <sup>M</sup> d.		State Md.	County /ballo
			City or town Shawan	The Dilloy of the Dilloy
How tong in above place of death?	se where death occurred:		outside city or town	limits, write RURAL and give negrest town)
Hospital, testitution, or street addre	ilitation Inst	titute	Street No	glve LOCATION)
How long in hospital or institution?.		6 years	2.(a) If veteran, name war	
3. (a) FULL NAME		0		3. (b) Social Security Number
Peggy	Harris			
4. Sex 5. Color or	race 6.(a) Single, marri	ed, widowed, or divorced	MEDICAL	CERTIFICATION
Female Whi	te Single	9	20 DATE OF DEATH Feb 13	19 48 at 11 Pa
				te above stated; that I attended deceased from
6.(b) Name of husband or wife				19.45 10 Feb-13 1841
7. 6irth date of	6.(c) If all	re, give ageyears	and that I last saw halive on	- 1 5
deceased (mo., day, yr.)	tely hi.	1429	Immediate cause of death	nun i wien
8. AGE: Years Month	hs Days If I	less than one day	aspiration 61	Wentus 10 min
8	11 23	hrsmln.		
9. Birthplace	Ua Phulle (Town, county, and state)	price telande	Due to Consulting	of Gyean
AD the observation			C. O	01.4
10. Usual occupation	3/4-5	······································	Due to	0.3
11. Industry or business	ite Harry	100/1	Callant	Dalas e
12. Name		- 7	Diher conditions	Rugar
	Lave Strust	m seyar	(include pregmancy with	in 8 months of death)
14. Malden name	egaret 120	ste	Major findings of operations	
15. Birthplace	Opla			Date of op.
16. Informant A will	Er Harris	J	Autopsy results	
Address Mailer	00 4:01	ala.	PHYSICIAN: Please underline the cause	to which death should be charged statistically.
Andress Princeton	as juin.	4.1.19.48	22. VIOLENCE: If death was due to extern	nal causes, fill in the following;
(Burial, cremation, or remova	Date thereof	(month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory	lungton It	at Country	Where did injury occur?(City or to	own) (County) (State)
and and	1 too 9	?.ası	Injured at home, farm, industry, public place	
Location	100411	T-1,100	Meons of Injury	Injured at work?
16. Funeral director	m U VVV	ulle C	ance	0 11
Address 19	ocereta	w flace	23. SIGNATURE WILLOW	Mull
180.15	48 W.C. Y	an Norue	4 B. 33rd St.	M. D. or other
(1) ate rec'd by registrar)	La 2/2	Registrar	Address	



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	carefully egibly.
	PLEASE WAITE PLAINLY, WITH UNFADING INK. Every item of information should be carefuncted age is especially important. Physicians: please write the causes of death clearly and legible
R BINDING	em of inform
ARGIN RESERVED FOR BINDIN	K. Every it
MARGIN RE	INFADING IN
7	LY, WITH I
9	TE PLAINI especially in
7	PLEASE W'RITE PLAINLY, WITH correct age is especially important.

VS 151

VS. A15

CERTIFICATI	E OF DEATH # 2179
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 6800 Belair Rd. at Northern	2. USUAL RESIDENCE OF DECEASED:  (a) State
(c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)	(c) City or town.  (If outside city or town limits, write RURAL and give town)  (d) Street No. 4310 Spring wood Aye.  (If rural give location)  (c) Citizen of foreign country?  (Yes or No)  If yes, name country.
3 (a) FULL NAME George	HASKE
3 (b) If veteran, name war  3 (c) Social Security Account No.  4. Sex  5. Color or race of (a) Single, married, widowed, or divorced.  6 (b) Name of husband or wife  6 (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days of less than one day hr. min.  9. Birthplace  1 Town, county, and state	MEDICAL CERTIFICATION  20. DATE OF DEATH Feb. 2 1946, at
10. Usual Occupation Attornative Enginee 11. Industry or business  12. Name GEO. B. HASKE	Of Smoke  Due to
13. Birthplace D, C.  H. 14. Maiden Name MARGARET PETRIE	Other Conditions
15. Birthplace  16 (a) Informant FRANK J. P. HASKE  (b) Address CAICAGO, 124.  17 (a) Burial, cremation, or removal) (month) (day) (year)  (c) Cemetery or crematory M. Duriet  Location Usung to Decide (b) Address 3821-144 St. M.W. Wook L.  19 (a) Address 3821-144 St. M.W. Wook L.  19 (a) Address 3821-144 St. M.W. Wook L.	(Include pregnancy within 3 months of death)  22. If an external cause was primary or contributing cause of death, fill in the following:  (a) Date of injury 2 1 4 at

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A15 SA

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01383 Reg. Diat. No. 35

CERTIFICATE (	OF	DEATH
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1. PLACE OF DEATH: - Balto - 6, md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtorn infants give residence of mother)  State
(If outside city or town limits, write RURAL and give nearest town)	00
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street addrees where death occurred:	Street No. 36 Durling St
	(lfrural, give LOCATION)
How long in hospitel or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Wm. P. Howk	209-16-2978
4. Sex 5. Color or rage 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH 7-els. 26 18.48 at 27
8.(b) Name of huebend or wife Marion Richards House	21. I CERTIFY that death occurred on the date ebove eleted; theilt attended desceeed from
7. Birth dete of deceased (mo., dey, yr.) Que 21, 1927	
8. AGE: Yeers   Month   Daye   If lese then one dey	Immediate cause of death DURATION
20 6 5hrsmin.	Fraction 1 March
0 11 00	7-ranman or-mi
8. Sirihpiece (Town, county, and atate)	Due to
10. Usuel occupetion ? Unemplayed	Due tp
11, Industry or business	
12. Name Hawk  13. Birthplece Wilker - Bank. Par	Dther conditions
13. Birthplace Wilker - Barre. Par	
N A A A A A A A A A A A A A A A A A A A	(Include pregnancy within 3 months of death)
= 14. Maiden name Dentha Mannet	Major findings of operations
2 15. Birthplace Suggersvell Pa	Date of op.
16, Interment The Marion Q. Hawk	Antopsy results
Address Wilker Barre, Pat.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2	22. VIOLENCE: If death wee due to externel causes, fill in the following:
17. (Burial, cremation, or removal, Which?)  Dete thereot (month) (day) (year)	Accident, suicide, or homicide. accident Date of Feb 26, 1948
11 6 1 20	Where did latery occur? York Kd + Bentley Jose Rd Parter md
Cemetery or cremetory	(City or town) (County) (State)
Location Olas Va - this so Hiller Barry	Injured at home, farm, Industry, public place (where?)
18. Funeral director Hilliam Co. Vicknes + Some	Meane of injury Collings head on willow trude 14/4, alex
D-1,00 B B AT 1	1 2
Address Touth & Cener . Wes Dalle !	SIGNATURE V. M. Trance
19 Tel. 28 Mrs Howard 5 Marsh	13. SIGNATURE Parlety, M. D. or other 1/26/44 Address Dete signed 2/26/44

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MAR 2 1948

BUREAU V. 4.

(If out How long in above place of	oneleigh oneleigh side city or town lin death? reet address where d cost Nur	eath occurred: sing I	Home	2. USUAL RESIDENCE (HOME) OF DI (For newborn infants give residence of moth  State County  City or town (If outside city or town limits, wr  Street No. 812 Resistor av  (If rural, give LOC  2.(a) If veteran, name war.	Beltimore  Altimore  Charles thafaye  CATION)	U.S
3. (a) FULL NAME					3. (b) Social Security Number	
ANNE	VIRGINI		DEN married, widowed, or divorced	MEDICAL CER	TIFICATION	
Female	white		idowed	Feb. 9	48 9	007
6.(b) Name of husband or 7. Birth dafe of deceased (mo., day, yr.)	# HE	P. H	ayden   If alive, give ageyears   865	21. I CERTIFY that death occurred on the date above st	10 Jeb 6 15	78 78
8. AGE: Years 83	Months	Days	If less than one dayhrsmtn.	Coronary Or	eluin did	du
9. Birthplace Maryland  10. Usual occupation none  11. Industry or business  12. Name Unknown  13. Birthplace Unknown				Oue to		И.
15. Birthplace					Date of op	
16. informant Robe	rt N. Ba Baltimor	re Lif	e Bldg.	Actopsy results PHYSICIAN: Please underline the cause to which  22. VIOLENCE: If death was due to external causes,	death should be charged statistically.	
17. Buria (Burial, cremation, Cemetery or crematory	or removal. Which?)	Date there	2/12/48 (month) (day) (year)	Accident, sulcide, or homicide	(County) (State)	
18. Funeral director A	1. mx	ONA Re	ns, Son J yal ave. Aow Hedre Registra	Injured at home, farm, Industry, public place (where Magn's of Injury  23. SIGNATURE.  Address.	Injured at work?  M. D. or other  Date signed.	)·

(Date red d by registrar)

correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

	01385
g.	Diat. No. L3

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
Hospital Institution, or street address where death accurred:  How long in hospital or institution?	Street No. / 6 O O O O O O O O O O O O O O O O O O
3. (a) FULL NAME John Thenry	Therele 3.(b) Social Security Number 212-01-9206
4. Sex Mele Will. (6.(a) Single, married, widowed, or divorced Married.	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife Grace M. Heinle  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) Dec. 25th, 1902	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
9. Birthplace Baltimore, Md. (Town, county, and atate)	Due to
tt. Industry or business Eastern Rolling Mill  12. Name John F. Heinle  13. Birthplace Baltimore, Md.	Other conditions
14. Maiden name Louise Sraver Baltimore, Md.	(Include pregnancy within 3 months of death)  Major fiedings of operations
Mrs. J.H. Heinle 16. Informant 1506 Odell Ave., Rosedale	Actors results
burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory. Oak Lawn	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Baltimore, Md.  18. Funeral director Lassaka Funesal Hone.	(City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)
18. Funeral directors, Address 7401 Belair Road	A SIGNATURE MADORATION M. D. or other

PLEASE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01386

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Catonsville 28, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County
(If outside city or town limits, write RURAL and give nearest town)	City or lown
How long in above place of death? 13 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 2709 Frederick Road.
Spring Grove State Hospital	(If rural, give LOCATION)
How long in hospitat or institution? 13 years	2.(a) if veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Annie Heiser	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DF DEATH. February 7 19 48 at 12:10
6.(b) Name of husband or wife Mr. Charles A. Heiser	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
1825 Wilhelm St. 6.(c) II alive, give age years	September 15 19 47 16 Feb. 7 19 48
7. Birth date of	and that I last saw h er alive on Feb. 6
deceased (mo., day, yr.) May 4, 1878	Immediate cause of death Chronic myocarditis DURATION
8. AGE: Years Months Days If less than one day	
69 9 3hrsmin.	years
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due 10
11. Industry or business	
E 12 Name George W. Ray	Other conditions Generalized arteriosclerosis years
C - 47 - 3	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Catherine McKlarney	
14. Malden name Catherine McKlarney  15. Birthplace Ireland	Major findings of operations
18 Informant Mr. Charles A. Heiser, husband	Autopsy results
1005 Wilhelm C4 Delli Wi	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
Address 102) Willielm St. Baltimore, Md.	22. VIOLENCE: 11 death was due to external causes, fill in the following:
17. David Date Thereo1 10 48	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremation Mary Hampden	Where did injury occur? (City or town) (County) (State)
13 alt had	
Location	Injured at home, 1arm, Industry, public place (where?)
18. Funeral director Transle It Delty	Means of Injury Injured at work?
Address 814213628h	23. SIGNATURE ESfel B. Herrman Green
5/ 1/05 Dals/1	23. SIGNATURE Que Comment of the many the comment of the comment o

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

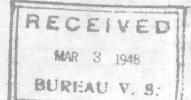
## CERTIFICATE OF DEATH

930

01387

Reg. Dist. No. 3/

Baltimore   Baltimore   Baltimore   City or town limits, write RURAL and give nearest town   Baltimore   City or town limits, write RURAL and give nearest town   Baltimore   City or town limits, write RURAL and give nearest town   Street No	Barrissonville	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mnther)		
Now long in above place of death?	ity or town	Bol + i mono		
Street No. Street No. Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number  4. Sex   5. Color or race   6.(a) kingle, married, vidowed, or divorced   MEDICAL CERTIFICATION    male   White   Widowed    8. (b) Name of husband or wife   Catherine M.  20. DATE OF DEATH   1945   1945   1945   1945    21. I CERTIFY that date above stated; that I attended deceased from    7. Birth date of deceased (mo. day, yr.)   Feb. 7th, 1870   1870   1945   1945    1946   1947	ow long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
How long in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  4. Sex   5. Color or race   5. (a) Single, married, yidowed, or divorced   male   white   widowed    5. (b) Name of husband or wife   Catherine M.6  6. (c) If alive, give age   years   19. M.8, to   19. M.8, t	ospital, institution, or street address where death occurred:			
3. (a) FULL NAME  4. Sex  5. Color or race  white  Widowed  8. (b) Name of husband or wife  Catherine M.  8. (c) If alive, give age  years  7. Birth date of deceased (mo. day, yr.)  Feb. 7th, 1870  3. (b) Social Security Number  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY thet date above stated; that I attended deceased from  19. M.B., to T.	law laws in boarded as institution?			
4. Sex   5. Color or race   6. (a) kingle, married, yidowed, or divorced   MEDICAL CERTIFICATION    male   White   Widowed    8. (b) Name of husband or wife   Catherine M.    7. Birth date of deceased (mo. day, yr.)   Feb. 7th, 1870   1870   19. (c)   19. (c)   19. (c)    and that I last saw h. (c)   19. (c)   19. (c)    and that I last saw h. (c)   19. (c)    and that I last saw h. (c)   19. (c)    and that I last saw h. (c)   19. (c)    and that I last saw h. (c)   19. (c)    and that I last saw h. (c)   19. (c)    and that I last saw h. (c)   19. (c)    and that I last saw h. (c)   19. (c)    and that I last saw h. (c)   19. (c)    and that I last saw h.				
male white widowed  8.(b) Name of husband or wife Catherine M.6  8.(c) If alive, give age years deceased (mo. day, yr.) Feb. 7th, 1870  INTEDICAL CERTIFICATION  20. DATE DF DEATH. F.J., 19. 19. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	Louis T Herring	3. (b) Social Security Number		
8.(b) Name of husband or wife Catherine M.  8.(c) If alive, give age years deceased (mo. day, yr.) Feb. 7th, 1870  20. DATE OF DEATH  21. I CERTIFY that day the date above stated; that I attended deceased from 19.66.  19.67.  19.6	. Sex 5. Color or race 6.(a) lingle, married, yidowed, or divorced	MEDICAL CERTIFICATION		
7. Birth date of deceased (mo. day, yr.) Feb. 7th, 1870  E.(c) If alive, give age years and that I last saw harmalive on Feb. 18.48.		20. DATE OF DEATH. Fals. 19. 1948 at 6 @ M		
7. Birth date of deceased (mo., day, yr.) Feb. 7th, 1870	(b) Name of husband or wife Catherine M.			
7. Birth date of deceased (mo. day, yr.) Feb. 7th, 1870	B (c) If plive give age years	+1V. 19.48, 10 + 11, 18, 19.48		
	Birth date of The Tenne 7+h 1970	and that I last saw how alive on Table 1946		
8. AGE: Years   Months   Days   If less than one day   Immediate cause of deaths   Dunation	acception (tilles) and state	Impediate cause of death		
78 0 11	77	arous Jasculas Mulasis		
9. Sirthplace Germany Due to.	Germany	Due to.		
9. Birthplace	(Tnwn, ennnty, and state)			
10. Usual occopation	D. Usual occopation	Due 10		
11. Industry or Business				
12. Name	12. Name	Other conditions		
₹ 13. Birthplace ?	13. Birthplace			
(Include pregnancy within 8 munths of death)	14. Malden name			
Major findings of operations.  Date of op.	?	Major findings of operations.		
Bate of op	Mns Cothenine Penks	Date of ep.		
10, Intuiting Treatment	9, 1010/10401			
Address COOT EVEL RICELLA AVELLE				
Burial    Burial	Burial Date thereof 2-21-48			
(Buriai, cremation, or removal, Which?)				
Cemetery or crematory. Holy Cross Where did injury occur? (City nr town) (Connty) (State)		Where did injury occur?		
Location Brooklyn, Maryland Injured at home, farm, industry, public place (where?)	Brooklyn, Maryland			
16. Funeral director Leonard J. Ruck Means of Injury Injured at work?	& Funeral director Leonard J. Ruck	Means of Injury Injured at work?		
Address 5305 Harford Read, 14 % CM+		2-10-M-1.		
- O 31: 45 23 SIGNATURE M. E. Marley	Address COOS Har Tota Head, 14	23. SIGNATURE E Martin		
19. 2/8/ 1948 Non & Heaten Registrar	3. 2/18/ 1846 Non & Martin			



Sum 24 neet that 4300

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County & Callynta	(For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mild wif Many County County	2.6
(If outside city or town limits, write RURAL and give nearest town)	City or town of hearth	
How long in above place of death?	City or town	rest town)
Hospital, institution, or street address where death occurred:	Street No. 20 Mas Singard Con	
	. (If rurs!, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security 1	Vember
1/ -//	nes	(amber
	ney.	
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	ح
7 011.	of 1	630
	2D. DATE OF DEATH 19.4.8	al
6.(b) Name of husband or wife 11.000	21. I CERTIFY that death occurred on the date above stated; that t attended decea	
	Jan. 19.45, 10 Feb.	19.46
7. Birth date of	and that I last saw h. C. T. alive on Feb. 15	
deceased (mo., day, yr.) Sept 23, 18/5	Immediate cause of death.	OURATION
8. AGE: Years   Months   Days   If less than one day	immediate cause of death	UUNATION
72 4 9min	Clarence Michael II	0 4
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Chronic Myscarditis	ZWKS
9. Birthplace LAN Starter	Due to	*******************
(Town, county, and state)	Coronary Thrombosis	awks
10. Usual occupation. ILORO		
11. Industry or business	Due to Art. Salerasis	2415
E 12. Name Alarge fitte had a constant	Other conditions	
13. Birthplace Wasting Manghand	(Include pregnancy sittin 8 months of death)	2773
# 14. Malden name Mannie Havington	(Include pregnancy within 8 months of death)	
	Major findings of operations	
\$ 15. Birthplace Marshared.		
16. Informani Til M. Julys o Bruglasiv	Autopsy results	
_ // // 0	PHYSICIAN: Please underline the cause to which death should be charged	tatistically.
Address 20/Maldezon Nuve		
1. 12/2/20 2- 16-48×	22. VIOLENCE: If death was due to external causes, fill in the following;	
Baie thereof (month) (vear)	Accident, suicide, or homicide	
Cometery or cromatory Man Allanda	Where did Injury occur? (Gity or town) (County)	(Chata)
21/ 00- 21/2 8 2 /		(State)
Location NO D. S. S. S. Wary Mary Mary	tnjured at home, farm, Industry, public place (where?)	
18. Funeral director of war of 1348 to	Means of injury Injured at work?	1
10. Funeral director.		1
Address 5005 Holis Affiliable	- tares all Malley 10.	3/
2 1/4 /A 55 h. A	23. SIONATURE	r other
19. St. 19. T. 1	Address Tulesille of med Bate signed.	214/48

Then to B. Tichols for Burial Remit Peter 40 milles

FEB 5 1948

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

013838

/						
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:	
County	toneleigh		•••••••••••••••••••••••••••••••••••••••	State Md. Cour	Balto.	
(If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	Stonelaigh		*******************
Now to a to at one place	of death?	wks		City or town (If outside city or town limits	write RURAL and give near	est town)
How long in above place	street address where	death occurre	d:	Street No. 7100 Oxford		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				Street No. 1100 UATOTAL (If rursl, give	LOCATION)	
	r Institution?			2.(a) 11 veteran, name war		
3. (a) FULL NAM					3. (b) Social Security N	nmber
0. (0) 1000 11111	in a train		MINNIE M. HOLSTON	1	no	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
female	white		widow	20. DATE OF DEATH Feb. 1,	. 48	.5:45p
		~			19	
6.(b) Name of husband	or wife Charle	s Carr	oll Holston	21. I CERTIFY that death occurred on the date about		
0			c) If alive, give ageyears			/
7. Birth date of	July	y 24,	1861	and that I last saw h.E.Ralive on	-	199 <del>m</del> 0
deceased (mo., day, )		Days	If less than one day	Immediate cause of death		DURATION
0		04)3		CS+Spral HEMONNIA	95-15-1208	***************************************
86	6	7	hrsmln.	c Teft Hemiplegia Co	mplets	
9. Birthplace Bal	timore, Md	a eounty, and	state)	Due to ARTENIOSELEROS	14	40 01 11 11 10 10 10 10 10 10 10 10 10 10
						***************************************
				Due to		******************
11. Industry or busines		01.		••••••	•••••	
12. Name		Skipp	er	Dther conditions	***************************************	
				(Include pregnancy within 3 n	nonths of death)	
14. Maiden name	Unknown					
LLO				Major findings of operations		
					Date of op	
16. Informan1Mr	. Arthur F	. Hols	ton	Autupsy results		
Address	7100 Oxford	d Rd.		PHYSICIAN: Please underline the cause to wh	ich death should be charged st	atistically.
			0/4/40	22. VIOLENCE: If death was due to external cause	ses, fill in the following;	
17Bu	rial n. or removal. Which?)	Date the	reof. 2/4/48 (month) (day) (year)	Accident, suicide, or homicide	Date of	• • • • • • • • • • • • • • • • • • • •
(Burisi, Cremation	Druid	Ridge	Cem.	Where did injury occur?(City or town)		
Cemetery or cremate	ory	• • • •	34.3			(State)
Location	Pikes	ville,	Md.	Injured at home, farm, Industry, public place (wh		
1B. Funeral director	WM. J. T.	ICKNER	& SONS	Means of Injury	Injured a1 work?	
	Balto.,	Md.		PAT	1 m. ()	
Address	1/5	>/	7	28_ SIGNATURE		
10 / -3	3 7	4	Ellyate	E 6805 York Kon	M. D. or	
(Date rec'd by re	gistrar)		Registrar	Address	Date signed	-1-110

#### 2411 N. Charles St., Baltimore

				arlea St., Baltir		500	Ul	
			CERTIFICA	ATE OF	DEATH		Reg. Dist. No	30
County					RESIDENCE (Hewhorn infants give	residence of a	DECEASED: nother) nly , write RURAL and give	ets.
How long in above place of death?				Street No	20 3		e Ave.	
3. (a) FULL NAME			FRANK C. HORLE	BEIN			3. (b) Sacial Securi	ty Number
	Color or race white		married, widowed, or divorced widower	2D. DATE DF I	MED DEATH	2/10	RTIFICATION 48	
6.(b) Name of husband or wi		6.(c)	If alive, give agey	de	eh 2	19.4	re stated: that I attended d	16 19.5
deceased (mo., day, yr.)  8. AGE: Years  8.5	Months 5	Days 18	1862 tf less than one dayhrsr	Immediate o	zere of death.		Sufus.	DURATIO
9. Birthplace Balt  10. Usual occupation	Retired	county, and at Stone	ate) Cutter			••••••		
12. Name	Germany				(Include pregna:		nontha of death)	
14. Maiden name	Germany	wn		Major nuding	gs of operations	10	2 00000	
			bein Catonsville	PHYSICIAN:		10	uch death should he charg	ed statistically.
Cemetery or crematory	St. P	aul's C		Accident, sul	cide, or homicide	Lown)	(County)	(State)
18. Funeral director		ICKNER	Md.	tnjured at hor		iblic place (wh	Injured at work?	
Address	8 19	Q.	W. Heduci	23. SIGNATU	6/2	24	O Af Date sign	D, or other

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

93 d

01391

# CERTIFICATE OF DEATH

Reg. Diat. No. 57.

1. PLACE OF DE	Politimor	re	2. USUAL RESIDENCE (HOME) O	F DECEASED:	
County			state Haryland con		no re
City or town			II and the second secon		
How long in above place of death?			City or towo	s, write RURAL and give ne	rest town)
	street address where d	eath occurred:	Street NoShe mond		
	Sherra	od Road	(If rural, give	LOCATION)	
How long in hospital or	Institution?		2.(a) It voteran, name war		••••••••
3. (a) FULL NAMI	E			3. (b) Social Security	Number
	Emma	Jane Howard			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White	Widowed	2D. DATE OF DEATH	. 20 1848	230 N
6.(b) Name of husband	or wife	Trank Howard	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dece	
**	***************************************	8.(c) If alive, give ageyear:			
deceased (mo., day, y	and Hard	ch 18, 1865			
8. AGE: Years		Days tt less than one day	Immediate cause of death.	deta	DURATION
8	4 10	nin.	A STATE OF THE STA	ditis	3 yrs-
9. Birthplace	Baltimo	co County, 1 d.	Due to Oxtorio reles	oris	
				1000 00 000 000 000 000 000 000 000 000	1
10. Usual occupation	1.01	revice	Due to Serulity.		
11. Industry or business		home	7		
12. Name	Milliam	Hedrick	Dther conditions		
13. Birthpiace	Balti	trore do d	(Include pregnancy within 8		
当 14. Maiden name	3.7				
14. Maiden name	В	alto.Co.,Md.	Major findings of operations		
	Leroy 'ov	rard	Antonsy results.		
100 1410, 1110	•••••••		PHYSICIAN: Please underline the cause to w		
Address		seyswille, i.	22. VIOLENCE: If death was due to external cau	ises, fill in the tellowing;	
17. (Burlal, cremation,	or removal. Which?)	Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of	************************
Cemetery or cremato	y Popls	r Croro	Where did injury occur?(City or town)	(County)	(State)
Location	Cock	gville, d. (le gen	Injured at home, tarm, industry, public place (w		
18. Funeral director	Land	In m. Bevoles	Means of Injury	Injured at work?	
Address		Spailes, and	23 SIGNATURE William C	6 him	WAR
9.07	40	V	23. SIGNATURE	U. U. D.	or other
19. (Date mon'd by non-	gistrar)	film r (), ingor	Address Cochaysalle	Bud Date signed.	2/20/40
(Date ree u by reg	grant at )	registrat	Aguress		

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BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

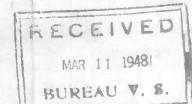
- 46 8

01392

## CERTIFICATE OF DEATH

Reg. Diat. No. 35

County Bartimore  City or town Bartimore  City or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street addreas where death occurred:  (If outside city or town limits, write RURAL and give nearest town)  Street No. 3 mi North of Paykton.  (If rural, give LOCATION)
How long in above place of death?  Hospital, institution, or street addrease where death occurred:  City or town   City or town limits, write RURAL and give nearest town)  Street No. 3 mi North of Park ton.
How long in above place of death? (If outside city or town limits, write RURAL and give nearest town)  Hospital, institution, or street address where death occurred:  Street No. 3 mi North of Parkton.
Hospital, Institution, or street address where death occurred:  Street No. 3 ms. North of Farkton.
How long in hospital or institution?
3. (a) FULL NAME
Alice Maroaret Munti-
4. Sex 5. Color or race 6.(a) Single, married, widowell or divorced MEDICAL CERTIFICATION
Temale White Married. 20. DATE OF DEATH Feb. 29 1848 at 5745PM
6.(6) Name of husband or wife 27. C. M. C. M. A. M. C. M. C. M. A. C. M. C. M. A. C. M. C.
PT V 9. 40 V / 10 F - D. ~ / 10 F -
7. Birth date of 1/ sirth date of 1/ alive, give age 2 and that I last saw hat alive on Feb 29 1948
deceased (mo., day, yr.) / VOUCM bey 20, /888
8. AGE: Years Months Days If lead than one day
59 3 9
9. Birthpiace (Town, county, and state)
10. Usual occupation 10.24.5. C. W. J. T. C. Due to.
11. Industry or business Own home.
12. Name Nathias Thomas.  Differ conditions.
3. Birthplace Germany.
(Include pregnancy within 8 months of death)
Major findings of operations.
\$ 15. Birthplace free of op. They say
16. Informant Land Manager Company results.
Addresa Parkston. Prod. R. B. PHYSICIAN: Please underline the cause to which death should be charged statistically.
M = 1 2 1011 T22. VIOLENCE: If death was due to external causes, fill in the following:
(Kurial, cremation, of removal, Which?)  Date thereof
Cemetery or crematory Mt Z / On Lemetery Where did injury occur? (City or town) (County) (State)
Location
18. Funeral director Lacol Standing less Manne of Injury Injured at work?
Address Phow Freedom la (1) 10. 740.
Address Mew Fisher Value 23. SIGNATURE C. M. France
19 man 3 18.48 Charles of Selling Registrar Address Parketon, and Date signed 2 /2 1/48



VS. A15

VS 150

01393 Registered No. 30

	CERTIFICATI	E OF DEATH
ld be carefully supplied.	1. PLACE OF DEATH:  (a) Baltimore CHY, Maryland  (b) Street address 16 Fusting Ave a  (c) Hospital or institution:  Catonsville  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County Baltimore  (c) City or town (If outside city or town limits, write RURAL and give town)  (d) Street No. 16 Fusting Ave.  (if rural give location) (Yes or No) If yes, name country.
) ams DING information should of death clearly an	3 (a) FULL NAME  FANNIE  3 (b) If veteran, name war  3 (c) Social Security Account No.  4. Sex.  5. Color or race  6 (a) Single, married, widowed, or	MEDICAL CERTIFICATION  20. DATE OF DEATH FEB 5, 1948, at 8 /. M
Correct residence obtained by phone3/5/48 ams  MARGIN RESERVED FOR BINDING  LEASE WRITE PLAINLY, WITH UNFADING INK. Every item of inform orrect age is especially important. Physicians: please write the causes of dea	Temale White divorced. Widowed  6 (b) Name of husband or wife. Sidney. 6 (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) Nov. 30, 1873  8. AGE: Years   Months   Days   If less than one day 74   2   5   hr. min.  9. Birthplace. Orange Co. Va. (Town, county, and state)  10. Usual Occupation. Housewife  11. Industry or business  12. Name. Sarah.  6 illium.  13. Birthplace England.	21. I certify that death occurred on the date above stated; that lattended deceased from 1946, to 1946, and that I last saw has alive on 1946.  Immediate cause of death Durstion  Due to Other Conditions  (Include pregnancy within 3 months of death)  Date of operation Underline the cause to which death should be charged statis-
	Location Orange, Va.	of autopsy:

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 1	N. Cha	rles :	St., 1	Baltimore

## CERTIFICATE OF DEATH

			20
Reg.	Diat.	No.	30

1. PLACE OF DEATH:  County				2. USUAL RESIDE	ENCE (HOME) (	OF DECEASED:	
				State Maryland County  City or town Baltimore-11  (If outside city or town limits, write RURAL and give nearest town)			
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 3 years, 9 months, 5 days							
How iong in above piace Hospital, institution, or	street address where	death occurre	d:				
			oital	Street No	Uf rural, giv	37th Street	
How long in hospital or	institution? 3 y	ears, 9	months, 5 days	2.(a) 11 veteran, name v			
3. (a) FULL NAMI		"lizabe	eth Jean			3. (b) Social Secur	ity Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	1	MEDICAL C	ERTIFICATION	
femal e	white		widowed	2D, DATE DF DEATH	February	719.448	3 14:5
6.(b) Name of husband			Jean			ove stated; that I attended of	
7. Bir1h date of	Oat		(c) It alive, give ageyears	- 11		bruary 7	
deceased (mo., day, y		ober 21					
8. AGE: Years		Days	If less than one day			lysis	
86	3	1 17	hrsmln.	General	ized arter	iosclerosis	years
9. Birthplace	House		laryland	Due to Hypertensive cardiovascular disease "			
1D. Usual occupation	77	······································	***************************************	Due 10			
11, industry or busines:		ano Pin	kler	•••••		***************************************	
12. Name	German		RIEL	Dither conditions			******
H 14. Malden name	Barbar	ra Deam			de pregnancy within 3		
	German	ny		Major findings of oper	ations		
15. Birthplace						Date of op	
16, informan1	_		ords	Autopsy results	nderline the cause to w	hich death should be char	red statistically
Address	Caton	sville-	28, Maryland				gen oraționemity.
17 Bun	ial	. Date ther	(month) (day) (year)			uses, 111 in the following; Date o1	
(Burial, eranation	or removal, Which						,
Cemetery or cremato		don	Park	Where and injury occurs	(City or town)	(County)	(State)
Location	/ Jal	70.	md.	Injured at home, farm, i	industry, public place (w	where?)	,
18. Funeral director	Willi	ken (	Look Juc.	Means of injury		Injured at work?	
Address		St. F	and st.	8	souther.	, ,	
/	100		2 11 4/ 11	23. SIGNATUREI	sadoreTuer	k, M.D.	D. or other
19. 2 0	7519	4	Registrar	Address Cato	nsville-28,	Md. Date sign	2-9-L

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
State Mary	rland county				
City or town(If	Baltimore-Il outside city or town limits, write RURAL and give nearest town)				
Street No	911 West 37th Street				
2.(a) 11 veteran, nam	e war				

	MEDICAL CERTIFICATION
F	DEATH February 7 1948 31 4:5

21. I CERTIFY that death occurred on the date above stated; that I attended dece May 2 19 11 19 10 Februar	
and that I last saw IETalive onFebruary 7	19.48.
Immediate cause of death	DURATION
Pseudobulbar paralysis	1 week
Generalized arteriosclerosis	years
Due to Hypertensive cardiovascular disease	
Due 10	
Dther conditions	* *************************************
(Include pregnancy within 3 months of death)	
Major findings of operations	
Date of op.	

23. SIGNATURE ISAdore Tuerk, M.D. M.D. or other Catonsville-28, Md. Date signed 2-9-48

FOR BINDING

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N Charles St Bultimore

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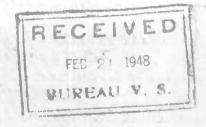
FRTI	FICATE	OF DE	ATH

N a	2411 N. Charles St., Baltimore			
M 5	CERTIFICAT	E OF DEATH Reg. Dist. No. 38		
The cor	1. PLACE OF DEATH: Pallinere	2. USUAL RESIDENCE (HOME) OF DESCASED: (For newborn infants give residence of mother) State		
information carefully. The cof death clearly and legibly.	City or town	City or town		
ion ca	How long In hospital or Institution?	(If rural, give LOCATION)  2.(a) It veteran, name war		
cormati	3. (a) FULL NAME ROBERT- MOORE &	3. (b) Social Security Number		
of	Make 20 tule Single, married, wideged, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH February 12 5 19 48 21 9 P M		
-= o	6.(b) Name of husband or wife 22011	21. I CERTIFY that death occurred on the pate above stated; that I attended deceased from		
eve	7. Birth date of deceased (mo., day, yr.) Clclober 29-1879	and that I last saw h 1770. alive on 2 11 19 14 8.  Immediate cause of death		
Supply ease wr	8. AGE: Years Months Days Hess than gre day  14	Coronary Mromposes Instant		
. pl	9. Birthplace	Due la alleris Selevocio		
NG	10. Usual occupation	Due to Muhae Dusufficience 15 yro		
VFADI)	12. Name Ohomus B. Jenifer  13. Birthplace 13 allo lo. ma.	Dther conditions		
WITH UNI	14. Maiden name I argunt Moore 15. Birthplace Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations		
ally ir	16. Informant Platter, M. Jenster - (Brother)	Autopsy results		
PLAINLY, is especially	Address  17 Currul  (Burial, cremation, or remover; Which?)  (Burial, cremation, or remover; Which?)	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide		
WRITE I	Cemetery or crematory. Crospelet Hell.	Where did Injury occur?		
5	18. Funeral director Sawart Money Confrances	Masns of tnjury Injured at work?		
LEASE	Address 108 WM ork - Ballo, Make	23. SIGNATURE Daniel of Al Thoo Sempler m. D.		
PI	(bate rec'd by registrar)  (bate rec'd by registrar)	Address Janson 4 md Date signed 2/13/28		

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9-45-15M

VS A15



11-11-11

2411 N. Charles St., Baltimore

Injured at work?

M. D. or other

Date signed 2-12-48:

CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 2. (If rural, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME almeda Jenkins	3. (b) Social Security Number
4. Sex  5. Color or race  6.(a) Single, married, widowed, or divorced  manual	MEDICAL CERTIFICATION  20. DATE OF DEATH TELEPRICARY 10 18 48 at 11.30 PM
8. AGE: Years Months Days If less than one day  9. Birthplace (Youn, county, and state)  10. Usual occupation.	Immediate cause of death Preumonia. DURATION  Hypostatic Preumonia. 2 day.
12. Name Lucy 13. Birthplace Virginia  14. Maiden name Lucy E. Cooksey  15. Birthplace Virginia Finding Lucy 15. Informant Lucy Lenkins	Dither conditions     (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Actorsy resolts.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 6 9 Borset Cus 17 17 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide

Means of injury

Registra

WITH UNFADING INK. Supply every item of information carefully. In important. Physicians: please write the causes of death clearly and legib. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, V

A15 SA

Address

2-13

(Date rec'd by registrar)



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,	birthdate shown on Film G114 3/4/48 dm	
	Doctor's Letter.	

City or town...

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

17	6	J.	-
1			

3. (b) Social Security Number

#### CERTIFICATE OF DEATH

2.(a) If veteran, name war.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County -
City or fown Baltimore (If outside city or town limits, write RURAL and give nearest town)
Street No. 2409 W.Lexington
(If rural, give LOCATION)

		rears & months
3. (a) FULL NA		
Walte	er H. Jenki	6.(a)Single, married, widowed, or divorced
male	white	widgwed.
6.(b) Name of husbar	nd or wifeRuth.	Conter Sett (deceased)
7. Birth date of deceased (mo., da)	, v.) Decem	
	ars Months # 6	Days  If less than one de ugust 16
10. Usual occupation	odd jo	
13. Birthplace	Virginia	nkins
14. Maiden nam 15. Birthpiace	linda Who	***************************************
16. informant	ir. Linwood 9 W.Lexing	
17Bu	val on, or removal. Wyich atory Shilon	Date thereof marks - 1948.

	MEDICAL CERTIFICATI	ON
20. DATE OF DEATH	February 28	19.48 at 11:55A
August	occurred on the date above stated; that I atte 17	
Immediate cause of deat	ь	DURATION
1900 Cache	exia	2 yrs
Due to Brone	chiectasis	years
Due fo		
Other conditions		
(Include	pregnancy within 8 months of death)	
Major findings of operati	ibb&	
	Date of	op
Antopsy resultsPHYSICIAN: Please and	lerline the cause to which death should be	charged statistically.

Meens of injury

Where did injury occur? ......

Registrar Address Spring Grove State Hosp Date signed Feb 28/48

Injured at home, farm, industry, public place (where?) .....

22. VIOLENCE: If death was due to external causes, till in the tollowing Accident, suicide, or homicide.....

(City or town)

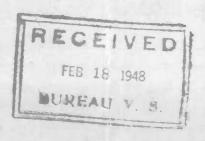
2411 N. Charles St., Baltimore

01398

#### CEPTIFICATE OF DEATH

	-		35	
Reg.	Diat.	No.	23	

CERTIFICAT	E OF DEATH	Reg. Dist. No	/ 3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF I	ther)	
City or town	Couoty City or town (If outside city or town limits, v	1+ 10	L) est town)
Hospital, Institution, or street address where death occurred:	Street No. Big Fall	ll Roal	
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Robert Clorence Tohis	017	3. (b) Social Security N 220 -/2 -9	
4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced	MEDICAL CER	TIFICATION	
M colored small	20. DATE OF DEATH 9 Febru		
6.(b) Name of hueband or wife	21. I CERTIFY that death occurred on the date above	18 to 9 Februa	17 19 48
T. Birth date of deceased (mo., day, yr.)  Oct. 28, 1926	and that I last eaw hl. 177. alive on		DURATION
8. AGE: Years Months Days If less than one day  2 3 12hrsmin.	Pneumonia		4 days
9. Birthplace (Town, county, and attace)	Due to Tuberculosi	5	6 mo.
10. Usual occupation Waiter  11. Industry or businese Marania Home - Cockeyprelle	Oue to		***********************
12. Name Servis Salvis Salvis 13. Birthplace	Diher conditions		
13. Birthplace  14. Malden name Emply Mensyman Hale  15. Birthplace  15. Birthplace	(Include pregnancy within 3 mo		
15. Sirtholace Back Command	major magage of operations.		
16. Informant 2 Servis Johnson	Autopsy results	***************************************	
Address multan md  17. David Date thereof Febt 12 1948.	22. VIOLENCE: If death was due to external cause	s, fill in the following;	
(Burial, cremation, or removal, Which?) (month) (day) Nyeur)	Accident, suicide, or homicide		(Ch-4a)
Cemetery or crematory many ton G. O. (Houtords)	(City or town)  Myred at home, farm, industry, public place (where		(State)
18. Funeral director. Sandan in Foundles	Meane of Injury	tnjured at work?	
Addrese Spales, ml.	23. SIGNATURE hacks 7	T. Kees h.	
19 Feb. 14 19 19 18 Mrs Howard 5 Marshirer (Date rec'd by registrar)	Address Cockeysville,		



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Churles St., Baltimore

# CERTIFICATE OF DEATH

	U	A	0	y	9	
-//-			=	3	8	1
eg. Dist.	No.					

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Baltimore  City or town Reltimore III Jours 11  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 12 months  Hospital, Institution, or street address where death occurred:  **Nercy Villa**  How long in hospital or Institution?			nearest town)	State Md County Balto.  City or town Balt imore, Md (If outside city or town limits, write RURAL and give nearest town)			
				Short H. Rallanta Atra			
			***********************	2.(a) If veteran, name war			
3. (a) FULL NAM	E	LIIIIE F	. KELLY	3. (b) Social Secur	rity Number		
4. Sex	5. Color or race	6.(a)Single, married, widow	ed, or divorced	MEDICAL CERTIFICATION			
Female	White	a Sui	ngle	20. DATE OF DEATH #21 13 194.	8 1 180 p M		
				21. I CERTIFY that death occurred on the date above stated; that I altended	deceased from		
			eyears	and thet I last saw h			
8. AGE: Years		Days It less than o	ne day	Immediate cause of death	1.		
About 80		hr	mln.	hat to the bound of his trained to be			
9. Birthplace	Baltimo	ore Marylar	nd	Due to Princip Delivering	Granul		
10. Usual occupation.		Lone	***************************************	Due to Milywell As this			
11. Industry or busines	\$			4			
12. Name	Thomas K	elly	•••••••••••	Dther conditions			
-41		/illiams		(Include pregnancy within 3 months of death)			
E 15. Rirthnlace		re, Marylan		Major findings of operations			
		rs	100				
		lvert Stree		Autopsy results PHYSICIAN: Please underline the cause to which death should be char			
17. Buria (Burial, cremation	or removal, Which?)	Date thereof2/16		22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide			
Cemetery or cremate	ory	Cathedral	***************************************	Where did injury occur?			
Location		Ltimore, Mar		Injured at home, farm, Industry, public place (where?)			
18. Puneral director A.	4.24. W		Son	Means of Injury Injured at work?			
	205 n. C	alvert St		23 SIGNATURE ATTACALLY			
19. (Date rec'd by re	G FF	Charge	Registrar	M.	D. or other ned 2 14 48		

Former residence obtained from Mercy Villa by phone 3-8-48 ams

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			1	State Maryland County  City or town (If outside city or town limite, write RURAL and give nearest town)  3616 - 3rd St.,		
111111111111111111111111111111111111111		-	DONALUS MALY JAIM	(If rural, give LOCATION)  2.(a) If veteran, name war		
3. (a) FULL NA					3. (b) Social Security	Number
4, 501	5, Color or race		e, merried, widowad, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Si	ngle	20. DATE OF DEATH. February 1/2		10.55p
			e) if slive, give ageyears	21. I CERTIFY that death occurred on the date above February 11.  and that I lest saw h.im	e stated; that t attended dese 48 to February 12ry 14	14 10 48
8. AGE: Ye	are Monthe	Days	If lose than one day	Innediate cause of deathCARDIACI AND HYPERTROPHY		Unknown
5	3 11	22				
8. Birthplace Scranton, Pennsylvania 18. Usual accupation Unemployed  11. Industry or business  12. Name Decklin Kenealy				Due to Rheumatic Heart D: (Mitral Valve)  Due to	isease	Unknown
13. Birthplace	Ireland					
14: Maiden nam	Hanera Su England	llivan		(Include pregnancy within 8 m	***************************************	
16: Informant C	linical Recort Howard,	ords, Maryl	Vets. Adm. Hosp.	Astopsy resultsSubstantiated PHYSICIAN: Please underline the cause in wh	d Above ich death ahauld be charged	statistically-
Address Fort Howard, Maryland  17. Removal (Herial, seemation, se removal, Which?)  Emetery of crematory Hessinger Funeral Home				Accident, suicide, or homicide	Baie of	(State)
Lecation Pi	ttstown, Pa	23 leck	) Jr.	Injured at home, farm, Industry, Bublic Blace (wh Means of Injury		
I at a milotar arrest	4 Belair Ro	Bal	timore, Md.	23: SIGNATURE SLOTGE	e Lemes	MAD .
19: (Hate test 9 by	Tegletrer) 19 4 8	12	Connecty Registrat	Address V.A.H. Fort Howa	rd, Md. Rate signed	1-15-48

FEB 19 1946

2411 N. Charles St., Baltimore

01401

## CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Ballemore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  Many Causa  County  Baldward  City or town  (If outside city of fown limits, write RURAL and give nearest town)  Street No.		
City or town			
How long in above place of death?			
How long In hospital or Institution?	(If rurai, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Sister Mary Morberta Korff  4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Fernale White Single	20. DATE OF DEATH 7-ch. 27 19.48 at 2.30 P		
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of			
7. Birth date of deceased (mo., day, yr.) Dec. 18, 18 6 2			
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
85 2 9hrsmi	In. Carries and Breast) 1 you		
9. Birthplace New York City (Town, county, and state)	Due to.		
10. Usual occupation T. A. A. Chel			
11. Industry or business	Due to		
12. Name Charles Korff.	Dither conditions		
13. Birthplace Germany  14. Maiden name Commany Fried  15. Birthplace Germany	(Include pregnancy within 3 months of death)		
15. Birthplace Germany	Major fieldings of operations		
16. Informant Sa Mary Clara	Actopsy results PHYSICIAN: Please nuderline the caose to which death should be charged statistically.		
Address Until Cliff  17. Gunia C Date thereof Man 1 M194  (Burial, cremation, or repropal. Which?)  A (month), (day) (year)	22. VtOLENCE: tf death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?)  Cemetery or cremator.	Where did injury occur?		
Location From 1	Injured at home, farm, Industry, public place (where?)		
es ma il ston	Means of Injury Injured at work?		
Address SIIV Works	Hardan Cart		
Feb 28 19 48 WM. Hamme	23. SIGNATURE M. D. or other  M. D. or other  Date signed July 27 74.		

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

A15 SA correct age

RECEIVED

MAR 2 1948

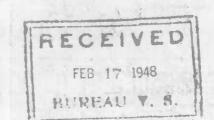
BUREAU V. S.

Injured at work?

# 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Hospital, institution, or street address where death/occurred: How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING B.(b) Name of husband or wife..... deceased (mo., day, yr.) OURATION 8. AGE: 11. Industry or busines WITH especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide. Where did injury occur? ...... (State) (City or town) (County) Injured at home, farm, Industry, public place (where?) ...

Means of Injury

Registrar



1.

### CERTIFICATE OF DEATH

Reg. Dist. No. 30

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County LOALTIMORE	(For newborn infants give residence of mother)
	State MD. County BALTIMORE
ty or fown. (If outside city or town limits, write RURAL and give neurest town)	Quatrucci 115
w long in above place of death?	Cily or town
the same of the sa	Street No. 1/2 FOREST DRIVE
1772 NURSING HOME	Street No. (If rural, give LOCATION)
v long in hospital or Institution?	2.(a) If veleran, name war.
. (α) FULL NAME	3. (b) Sucial Security Number
willy	KROENCKE -
Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
F W WIDOWED	7/2/ 40 10
00100020	20. DATE OF DEATH 2/26 19.48 at 7 A
b) Name of husband or wife ALFRED OTTO KROENCKE	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
) Name of husband or wife 1147 RED 1180 FNC C	NEC 20 19 Ma 10 784 26 19 40
Birth date of leceased (mo., day, yr.) SEPT. v1, 1857	
	Immedia Sause of death DURATION
Add.	Levelerce VEneorrhost 1000
90 5 25min.	
CERMONY	(Conclused Confirme)
Birthplace (10wn, county, and state)	Due to.
Usual occupation	Oue to
ndustry or business	
2. Name ALEXANDER CONE	Other conditions
	Aftici Collatiiniis
13. Birthplace GERMANY	(Include pregnuncy within 3 months of death)
4. Maiden name FREDERICKA	
C 2	Major findings of operations.
5. Birthplace GERMANY	- Date of op.
ormant MR. JULIAN H. JENKEL	Autopsy results
Official Control of the Control of t	PHYSICIAN: Please underline the cause to which death should be charged statistically.
dress PHONE - CHTONSVILLE 6991	
BURIAL Date thereof 2/28/48	22. VIOLENCE: It death was due to external causes fill in the following:
urlal, cremution, or removal, Which?)  Oate thereof (month) (Gay) (year)	Accident, suicide, or homicide
motory or promotory (1)00DLAWN	Where did injury occur?
emetery or oremetory.	
eation GALTO. Co., MD.	Injured at home, farm, industry, public place (where?)
111 TICKHER Y SAIS	Means of Injury Injured at work?
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Iress WARTH & M. HVES. BALTO. MI	Dan / letonelle
	23. SIGNATURE M. D. or other
11 my 1941 (myearns	7/27
(Date rec'd by registrar) Registrar	Address Date signed

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PLEASE

PLEASE WRITE PLAINLY, Is especially

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

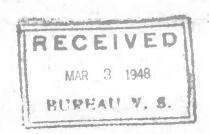
2411 N. Charles St., Baltimore

014(14 Reg. Dist. No. 44

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## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Maryland County		
City or fown. Fort Howard (If outside city or town limits, write RURAL and give nearest town)				City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of Hospital, Institution, or st	death?23.	Days				
				Street No. 1606 Mt. Royal Avenue (If rural, give LOCATION)		
Vets. Adm. Hospital, Ft. Howard, Maryland How long in hospital or institution? 23 Days				2.(a) If veteran, name war WW-I		
3. (a) FULL NAME					b) Social Security Number	
5.(4) 1011	TAD	L C. KU	DIAM	3.(	)) bucies becarity namber	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTII	FICATION	
Male	White		Divorced	20, DATE OF DEATH February 20,		
6.(b) Name of husband or	Divo	rced		21. I CERTIFY that death occurred on the date above stated		
D. (O) Name of nusuand of	#11 <b>6</b>		1 Mallya also and	January 28, 19 48	10 February 20, 19 118	
7. Birth date of	30.3000		e) If alive, give ageyears	and that I last saw him alive on February	20, 19 48	
deceased (mo., day, yr,)	12-19-95   Months	Days	It less than one day	Immediate cause of death		
8. AGE: Years	2	1	hrsmin.	Subdiaphragmatic abscess	Unknown	
					***************************************	
9. BirihplaceCumberland. Maryland			Ind	Due 10		
10. Usual occupation	Unemploy	ed	4	Post de	MIIIIOOOOOOOOOOO	
11. Industry or business			49.	Due 10		
				Other conditions Undiagnosed infla	mmatory	
12. NameSpenceKuhns			President of the	mass of stomach Unknown (Include pregnancy within 3 months of death)		
W 14 Maldan name 7	Cheodosa	Bell				
14. Maiden name Theodosa Bell 15. Birthplace Cumberland, Maryland			and	Major findings of operations		
21 15. Birthplace Ot	inver Tario	Michil y	LOTICE	Autopsy results Substantiated abo		
16. Informani	rear there	1.413.94.6	2. no 28 con 28 co	PHYSICIAN: Please underline the cause to which deat	th ahould he charged statistically.	
Madicaa	Howard,		-	22. VIOLENCE: If death was due to external causes, fill	In the following:	
17Remov	al	Date ther	eo1 36 21, 1948 (month) (day) (year)	Accident, suicide, or homicide		
				Where did injury occur?(City or town)		
Cemetery or crematory Stein Funeral Home						
117 Frederick St., Comberland, Md. Location Howard N. Bligh, Jr.			The Land	injured at home, farm, industry, public place (where?)		
1B. Funeral director	loward N.	Blight	Jr.	Means of Injury	injured al work?	
Address 4914	Belair Ro	d., Bal	timore, Md.	23. SIGNATURE PROZENTA	140	
116 21	,10	1	e a home the	P.H. LANDERS, M.D.	M. D. or other	
19. 26. 2 (- (Date rec'd by regin	19.7.0. strar)		Registrar	AddressV.A.H. F.T. HOWARD. M	Date signed 2 27 8	



01405

DURATION

# CEPTIFICATE OF DEATH

The correct age

ADING INK. Supply every item of information carefully. The re Physicians: please write the causes of death clearly and legibly.

WITH UNFADING INK. important. Physicians: p

PLEASE WRITE PLAINLY, v

VS A15

MARGIN RESERVED FOR BINDING

M

CERTIFICA	Reg. Diat. No
Hew long in above place of death?  Eudowood Sanatorium, Towson L, Maryland  (If outside city or pown limits, write RURAL and give nearest town)  Hew long in above place of death?  Hospital, Institution, or street address where death occurred:  Eudowood Sanatorium, Towson L, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME Mary Dagna	3. (b) Social Security Number
4. Sex   5. Color by racs   6. (a) Single, married, wildowed, or divorced   While   Wh	Immediate cause at death  Due to  Due to  Other conditions  (Include programmy within 2 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically  22. VIOLENCE: If death was due fe external causes, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (Connty)  (State)  Injured at heme, farm, Industry, public place (where?)
18. Funeral director Flux G. Moscarv  Address 3000 & Ballismore ST  19. 3-2  (Date rec'd by registrar)  Registrar  Registrar	Means of Injury  Injured at work?  23. SIGNATURE

A15 SA

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

01406 Reg. Dist. No. 38

County.  Baltimore City or town.  City or town imits, write RUKAL and give nearest town)  How long in above place of death? 1. 1. 2.  Hospital, institution, or street address where death occurred:	State Maryland County Baltimore  City or town Rural Dunkirk Rd. (Balto.)  (If outside city or town limits, write RURAL and give nearest town)  Street No. 609 Dunkirk Rd.  (If rural, give LOCATION)  2.(a) It veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
HOWARD JOSEPH LANGGOOD  4. Sex   5. Color or race   5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Single	20. DATE OF DEATH. Feb. 8, 1948
8.(b) Name of husband or wite 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Apr. 16, 1906	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  4/9  19.47  and that I last saw how alive on 2/7  Immediais cause of death  OURATION
8. AGE: Years   Months   Days   It less than one day   41   9   22  hrsmin.	arteriollertic heart disase 1 yr.
S. Birthplace Baltimore, Md.  (Town, county, and state)  1D. Usual occupation Supervisor Bureau of Sanitation  11. Industry or business Mayor & City Council  12. Name Charles G. Langgood Sr.  13. Birthplace Baltimore, Md.  14. Malden name. Ellen E. Connelly.  15. Birthplace a ltimore, Md.  16. Informant. Mrs. De WiltonHasteys  Address 609 Dunkirk Rd.  17. Burial (Burial, cremation, or removal. Which?)  Cemetery or Charles X. New Cathedral  Location Baltimore, Md.  18. Funeral director WM. J. TICKNER & SONS INC.  Address  Daltimore, Md.  19. 2/// Malden Address  Daltimore, Md.	Due to  Dither conditions

SA

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	Stale County County
How long in above place of death?	(If outside city or fown limits, write RURAL and give nearest town)
Hasnital institution or street address where death occurred:	Street No. 7806 Fanguen Road
7806 Faugreen Road, Dundalk	(If dral, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harold Langston	,
4. Sex   5. Color or race   6.(a) Single, married, widowed, ophrorced	MEDICAL CERTIFICATION
m. w. m.	20. DATE DE DEATH. 11. 21. 19.48 al 3 20 P.
6.(b) Name of husband or wife Elizabette P.M. Langeton	21. 1 CERTIFY that death occurred on the date above stated: that f attended deceased from
7. Birth date of deceased (mo., day, yr.) Ortology 31, 1905	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate tausopol death DURANON
45 3 21 hrsmin.	- Carry La VIVIII 18 18 18
be by be no	( Slow de Co.)
9. Birthpiace	Due to.
01	
10. Usual occupation	Due fo
11. Industry or business	
12. Name Herbert Langslow  13. Birthplace England	Dther conditions
	(include pregnancy within 3 months of death)
# 14. Maiden name austa M.	
14. Maiden name Anna M. 15. Birthplace Wales	Major fiedings of operations.
Chi att DM Your ton	Date of op.
16. Informant	Aotopsy results
Address 7806 Famoriem ord, Lundair	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Osurial Bate thereof Feb. 24,1948	Accident, suicide, or homicide with pale of 7/1/46
(Burial, cremation, or removal, Which?) (month) (day) (year)	Where did Injury occur? Duwlar - paron m
Cemetery or crematory	(City or town) (County) (State)
Location 5501 Frederick Cload	Injured at home, Tarm, Industry, public place (where?)
18. Funeral director Roland L. Fusher	Means of Injury Muy ow W Injured at work?
ALLA D. J. M. Aug (A dalla	manni ms
Address 112 Dunales use, Dunales	23. SIGNATURE
10 / 8/ 23 · 1048 Dawson J. Marl	is Nip. Med. Examin Back of the
(Dute rec'd by registrar) Registrar	Address Date signed 1/31/8

Francisco B



FOR BINDING

MARGIN RESERVED

PLEASE WRITE PLAINLY, is especially

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01448

1.	e de	CERTIFICAL	E OF DEATH	Reg. Dist. No	bry 1
1. PLACE OF DI	Ltimore		2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
City or town	Fort Howar	d imits, write RURAL and give nearest town)		aty	
(10	outside city or town li	Days	city or town Baltimore (22 (tf outside city or town limits	) Dundalk	o most forms
How long in above place Hospital, institution, of	or street address where	dealh occurred;			
Vets. Adm	. Hospital	, Fort Howard, Maryland	Street No. 1923 Queensway	LOCATION)	
How long in hospital	or Institution? 19	Days	2.(a) it veteran, nams war Retired	Army	***************************************
3. (a) FULL NAM				3. (b) Social Security	Number
		EROME A. LAWS		unknown	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	Married	20. DATE DF DEATH February 4		5.00 P
		3			
	•••••	aret Laws 6.(c) thallve, give age 67 years	21.1 CERTIFY that death occurred on the date abo  January 16, 19.4  and that f last saw h im alive on February 19.4	we stated; that I attended dece 48 to February ruary 4,	7 4 19 48
deceased (mo., day	yr.) 12-31-7	- Days   It less than one day	Immediate cause of death		DURATION
8. AGE: Yea	88 1		Right sided cardiac		
			and hypertrophy		
B. Birthplace	. Vernon,	Kentucky	Due to Emphysema, bilater	al	*
10. Usual occupation	Unemploye	d (Retired) (Army)	Due to		***************************************
El Jo	hn Laws		Other conditions Hypertension,	Arterio-	**
12. Name	Unlcnown				
	Catherine	Schmidt	sclerosis generalized Arteriosclerosis.	months of death)	
14. Malden name	Unknown	Jenara o	Major findings of operations		***************************************
				Dale ot op	
I V. Intolmant		ords, Vets. Adm. Hosp.	Autopsy resultsSubstantiated PHYSICIAN: Please underline the cause to wh	debove	statistically.
Address 17B.W	nul	Date thereof Feld 7.1948 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide		
Cemetery or crema	tory Baltim	one National	Where did injury occur?(City or town)		
Location	Boltingers	e, md.	Injured at home, tarm, Industry, public place (wi		
Location	Roland	L. Fusher	Msans of Injury	fojured at work?	
		ween M. Smuls	23. SIGNATURE J.C. Weller H.C. MANAUGH, M.D. C	al	and Ser-
19(Date rec'd by 1	registrar)	freal Colput Registrar	Address V.A.H. Fort Howar	d, Md Dale signed.	2-5-48



PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

01409

# CERTIFICATE OF DEATH

Reg. Diat. No. 30

County.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
City or 10ws	White to land
How long in above place of death?	(If outside city or town phits, write RURAL and give nearest town)
How long In hospital or institution? 6x 25 5 2005 6days	Street No
3 (a) FILLI NAME	3. (b) Social Security Number
4. Sex  5. Color or race  6.(a) Single, married, widowed, or divorced  Suegle	MEDICAL CERTIFICATION  20. DATE OF DEATH To Charges 23 19 48 at 10 4 m
noue	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of nusband of wife	SEAK 17 1841 10 FEL: >3 1848
7. Birth date of deceased (mo., day, yr.)  October 8 1864	and that I last saw h rese alive on F7 + 2 5 19 48  Immediate cause of death representation DURATION
8. AGE: Years Months Days If less than one day  4 /5	failure à auxicular fibrill-
9. Birthpiace Peursy Ivaria (Town, county, and state)	Oue 10. Coronary 5 clarosis E Judet
10. Usual occupation	Due to G Eu Evaliz Ed artino Solar
11. Industry or business Agreese feer &	Osi Osekeria dee fo
12. Name John Junoa  13. Birthplace V Zursulvania	free the factors
	(Include pregnancy within 3 months of death)
14. Maiden name Jack Shirth  15. Birthplace I cucese lvania	Major findings of operations
18. Informant Afor pital records	Antopsy results
Address Catousvelle, 23 Md	22. VIOLENCE: If deafh was due to external causes, fill in the following:
(Burial, cremation, or remoyal, Which?)  Quite fhereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory and the Rule Comis	Where did Injury occur?
Location Location Co.	Injured at home, farm, industry, public place (where?)
18. Funeral director House	Means of tnjury tnjured at work?
Address Dolla, Va.	23 SIGNATURE HELES Camerad, Mad.
19. 2-24. (Date rec'd by registrar)  19. 4/8  1. 5. 7. 4. 6. 7. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	Address Calacisuelle 28 Md Date signed 7/22/48

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ATTENDED TO A STATE OF

FEB 26 1948

BUREAU V. S

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County Baltsmal	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Mangland County (Ballimuse Phaseir (Renal)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Stanstury Mulf Old.
	(If rural five LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME PAILIP Lins	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Marrad	20. DATE OF DEATH 7 1 194 8 01 9:30 PM
5.(b) Name of husband or wife Estelle nee Prosen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	716-14 1948 10 74/1 1948
7. Birth date of	and that I last saw h. / Ma. alive on 7 cl. / 15
deceased (mo., day, yr.) Lung 6, 108 L	Immediate cause of death
8. AGE: Years Months Days If less than one day	Molnutrition
65 7 //hrsmin.	
9. Birthplace Phoenic Mandi	Due to intestil esseine
10. Usuat occupation Cargaentee farmer	Due to
11. Industry or business	
12. Hame John Course  13. Birthplace Remand	Other conditions
13. Birthplace Hemann	
14. Maiden name Margaret Derker  15. Birthplace Bernany	(Include pregnancy within 8 months of death)
To Nicholace County	Major findings of operations.
On POLITY S	Date of op.
18. Informant	Autopsy results
Address Moenix, Ma	22. VIOLENCE; If death was due to external causes, fill in the following;
17. Dansal Date thereof. 4-el. 19.1948.	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory I survey was a limited	Where did injury occur?
Location Add Somulle Dalto Co Mr	_Injured at home, farm, industry, public place (where?)
18. Funeral director Landau Ta B. Lasting.	Mssns of injury Injured at work?
Address (Sanda Mad	
TO 10	23. SIGNATURE Elecated As. & Accuelled M. D. or other
19. telt, 19 1948 Umo Pice (Date rec'd by registrar) Registrar	Address Costerwille, Md. Date signed 2/17/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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FEB 21 1948

BUREAU V. S.

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eg.	Diat.	No. 50	

		4	CERTIFICA	IE OF DEATH	Reg. Diat. No	
County			Avenue URAL and give nearest town)	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of	DF DECEASED: (mother) Baltimore	
	of death?street address where	e dealh occurred	:	Street No.	e LOCATION)	
3. (a) FULL NAME		ie F. L	lufrio		3. (b) Social Security	Number
4. Sex Female	5. Color or race White		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	.9:50 A.
6.(b) Name of husband of husband of husband deceased (mo., day, you		illiam	LLufrioyear	21. I CERTIFY that death occurred on the date above and that I last saw h.c.m. alive on	ove stated: that I aftended decea	19.4.2
8. AGE: Years	Months	Days 2	it less than one dayhrsmin	Immediate cause of death.  Atherias cloratic	Cardin	
			Maryland	Due to		
12. Name	John Cur Unki	nown		Other conditions  {Include pregnancy within 3;  Major findings of operations.	months of death)	
16, Interment	Sister Ce	Unknown celia Nursing	Anna	Autopsy results	hich death should he charged	
Cemetery or cremator	, Pε	rkwood	eof. Feb. 18-48. (month) (day) (year)	Whars did injury occur?(City or town)	(County)	(State)
LocationBal  18. Funeral director  Address	Wm. Cook	Inc.	reet, Baltimore	Injured at home, farm, Industry, public place (w Means of Injury  23. SIGNATURE	injured at work?	<i>₽</i>
19. (Date rec'd by res	19. X	CK	A Registral	E Charles	M. D. o	or other 2/18/48

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PLEASE

information carefully of death clearly and

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PLAINLY, V is especially

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# CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED: of mother)
county Balt		. m	State Md.	
Cify or town Rei				
How long in above place	of death?	l6 yrs	11	NN nits, write RURAL and give nearest town)
Hospital, Institution, or	street address where	e death occurred:	Street No. 630 Main St.	
		•••••••••••••••••••••••••••••••••••••••		ive LOCATION)
How long in hospital or	Institution?		2.(a) If veteran, name war	
3. (a) FULL NAMI	e Agr	nes Belle Logsdon		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
Female	White	Widowed	20. DATE OF DEATH FLORE	2d 3 19.48 11 10:30A
			21. I CERTIFY that death occurred on the date	
6.(b) Name of husband	or wife J. ahr	n.C.Logsdon	mary 36	19. H.3 10 Feb 3 19.4.8
		6.(c) If alive, give ageyears		766 2 1948
7. Birth date of deceased (mo., day, )	Feb. 2	25,1868		1
8. AGE: Years	Months	Days If less than one day	arterioscleron	ic E-V. Disease 1-yr
79	11	9min.	Tristand O man	Missiema. Il nova
Но	ward Co		-Obstructive	Coundice 13da.
		n, county, and state)		
1D. Usual occupation	Housewo	rk	Bue de	
11. Industry or busines			Due to	
		lercer	Other conditions Healed Ea	stre ulcer
FI	Md.			^
₹ 13. Birthplace		7 7 _ 7	(Include pregnancy within	
里 14. Maiden name.	Amelia i	Howell	Major fiediogs of operations.	egslectury
14. Maiden name: 15. Birthplace	Long Is.	Land	for Chalelitte	racio Date of op may 21 47
16. Informant A	gnes Log	gsdon	Aotopsy resolts	
	eisters			which death should be charged statistically.
			22. VIOLENCE: If death was due to external	causes, fill in the following:
(Burial, cremation	al	Date thereof Feb. 5, 1948 (month) (day) (year)	Accident, suicide, or homicide	Date of
Cometery or cremate	Druid	Ridge	Where did Injury occur?(City or tow	(County) (State)
	lto.Co.		Injured at home, farm, Industry, public place	
LUGATION	7 70 730		Meens of injury	Injured at work?
18. Funeral director		ine & Sons		
Address Re	isterst	own, Md.	23. SIGNATURE 3 , 2 .	plus. In D
0 6		BEI.	23. SIGNATURE	M. D. or other
19. (Date rec'd by re	- 19 4 (	8 Mary D. ELINA	Address Renteral	www Maje signed 2-5-4



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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 01413

# CERTIFICATE OF DEATH

Reg. Diat. No. 30...

County Baltimore	(For newborn infants give residence of mother)
City or town. (If ourside city or town limits write BURAL and give nearest town)	State Md County Baltimore  City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 14 Nunery Lane (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Mary Catherine Lowe	3.(b) Social Security Number none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Female White Widowed	MEDICAL CERTIFICATION 9.30
6.(b) Name of husband or wik. Wallace F. Lowe  6.(c) It elive, give age	20. DATE DF DEATH February 12, 19 48, at D. M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 4 to 19 4
8. AGE: Years   Months   Days   It less than one day   77   73   13	Harrichage Contrat - 2 Hays.
9. Birthpiece	Due to
11. Industry or business   22. Name	Other conditions O. A. T. A. T
Address 14 Nunnery Lane, Catonsville	Autopsy results
17. Burial Date thereot 2-16-48 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following;  Accident, suicide, or homicide
Cemetery or crematory Lorraine Park	Where did injury occur?
Location Woodlawn, Md.	Injured at home, tarm, industry, public place (where?)
18. Funeral director & Howard Strong	Means of Injury Injured at work?
Address 3207 W. North Ave.	23. SIGNATURE M. D. or other  Address 31 Date signed 3. 19 M. D. or other

# PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cdrress as especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

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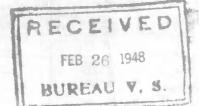
VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01414,

			CERTIFICA	TE OF DEATH Reg. Diat. No	2
1. PLACE OF DEA County	Bal speburg utside city or town lin of death? street address where of	mits, write RI life death occurred:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	wn)
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white	W	idower	20. DATE OF DEATH Feb. 23rd, 1948 210	):30 A
7. Birth date of deceased (mo., day, y)  8. AGE: Years  9. 6irthplace	Baltimore  (Town, Trust  Inknown	22nd,  Days  1  County  eounty, and a	If less than one day  hrs. min  Md. tate)	Immediate cause of death  Carroma of the against the a	DURATION
W 14. Malden name	Unknown Unknown			(Include pregnancy within 3 months of death)  Major findings of operations	
Address  17	Frumps Millial , or removal. Which? Zion Ste	Date there in Luthe mmers F melair I	Run, Md.	Antopsy results.  PHYSICIAN: Please underline the cause in which death should be charged statistic.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	te)



2. USUAL PESIDENCE (HOME) OI (For newborn infants give residence of the	mother)
State Transford Cou	nty
(If outside city or town limits	, write RURAL and give nearest town)
Street No. 214 West In (If rural, give	LOCATION ST.
2.(a) If veteran, name war	
	3. (b) Social Security Number
MEDICAL CE	ERTIFICATION
20. DATE OF DEATH Debruary	23, 1948, 11/0 2/3
21. I CERTIEY that death occurred on the date abo	ve stated; that lattended deceased from
and that I last saw halive on	2 3, 19 8
Immediate cause of death Tail	DURATION
Due to Incumonia	5 da
Due to	
	2010
Other conditions Submonary C	Instrutoria 30 year
(Include pregnancy within 3 n	nonths of death)
Major findings of operations	
Autopsy results Consolidation of	Relex Love Lobe.
PHYSICIAN: Please underline the cause to wi	nich death should he charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Injured at work?

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

0				7	2
	Reg.	Diat.	No.	 2	2

1. PLACE OF DEATH: County Balling	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. (If outside city or town limbs, write RURAL and give nearest town)	State Dud County	000000
How long In above piace of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 3.0.3 East 22 at St.	
29 Ritters Lane	(If rural, give LOCATION)	7
How long in hospital or Institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Griffith mathems of	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	-
MW	20. DATE DE DEATH 267 ebruary 1948 216:20	> /
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	14 Jan 19 48 10 26 7 eb. 19	47
I. Birth date of 4 7 mm engles 1877	and that I last saw halive on 267e6.	2
deceased (mo., day, yr.)	Immediate cause of death DURATIO	DN
8. AGE: Years Months Days it less than one day 3 2	Browkspreum	
9. Birthplace House de Frase, met.	Due to Careinoma paneras	
(Town, county and state)	with metastalis	
10. Usual occupation. C.P. A. (Retired)  11. Industry or business U.S. Fidelilty + Guaranty Co.	Due to	
	Aug.	* * * * * = = 0
12. Name I seal Driffith Mathems 13. Birthpiace I lenwood, Ned.	Dther conditions	
14. Maiden name Helen Dapplington  15. Birthpiace Aberden hut.	(Include pregnancy within 3 months of death)	
15. Birthpiace aberden Ind.	Major findings of operations.	
Ne minute	Daie of op.	
16, Informant	Autopsy results	
Address Owings Mills, Mil.	22. V10LENCE: tt death was due to external causes, fill in the toilowing;	
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Shove	Where did Injury occur?	
aliendeen md- 1	Injured al home, farm, industry, public place (where?)	
Location (1) (1) (1) (1) (1) (1) (1) (1)	Meens of injury Injured at work?	
18. Funeral director.	0 0 1 10	
Address Ollatte Ha. Clos.	23. SIGNATURE Charles W. Wilhams M. D. or other	
19. 2/27/48 19 a W- Heglisch Registrar	Address Pikewill 8, und Date signed 26 7eb.	43

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING PLAINLY, WITH UNF is especially important.

PLEASE

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2411 N. Charles St., Baltimore

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CERI	ITIU	AIL	Ur	UEA	77

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County  City or lowo.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME Gross 12 May Well  3. (b) FULL NAME Gross 12 May Well	2. USUAL RESIDENCE (HOME) OF DECEASED:  (F)
4. Sex (5. Color or race 6.(a) Single, married widowed or divorced	20. DATE OF DEATH 19.45 21 1/A.
6, (b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that lettended deceased from
7. Birth date of deceased (mo., day, yr.) / March 2/ 1893	) and that I last saw h // allve on 2 13
8. AGE: Years Months Days It less than one day  hrs. min.  9. Birthplace (Town, county, and state)	Immedia; cause of death DURATION  Due to DURATION
1D. Usual occupation	Due to
11. Industry or husingss  12. Name	Olher conditions
16. Informant Magy Cef.	Autopsy results
17. Burial Bate thereot. 2/19-48 (month) (day) (year)	22, VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory. At always.	Where did injury occur?
18. Funeral director C. Halstead Address 9/8- Wheel Hell Cry.	Injured at home, farm, Industry, public place (where??)  Means of Injury  Means of Injury  Johnson  M.W. or other
19. (Date rec'd by registrar)	423 / Leasth leta (2000 7 3-16-41

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

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# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore

# 01418

		40
 Dist	No	70

# CERTIFICATE OF DEATH

County Balling	(For newborn infants give residence of mother)
City or town	State Way Canad County Baldward City or town Watch Cliff wear Town (If outside city or town limits, write RURAL and give nearest town)  Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sister Mary Clementine McCor  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	mick
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fecuale White Single	2D. DATE DE DEATH February 22 1948 at 8, 40 Pm
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7 st 19.44 to 7 st 22 19.48
7. Birth date of deceased (mo., day, yr.) June 26, 1869	and that I last saw h. 2.1. alive on Tal. 18.4.8.
8. AGE: Years   Months   Days   If less than one day	Immediais cause of death Aprile May DURATION
78 7 26min.	Leve 5 day.
9. Sirihplace B. Aldrich ore M. d. (Town, county, and state)	Due to
1B. Usual occupation. It orrework	Due to
11. Industry or business	
12. Name James hu Corneich 13. Birthplace Balficrore Md	Biher conditions day per leusion 240 arterios clerosios.
MI	(Include pregnancy within 3 months of death)
14. Malden name auma Weigert	Major findings of operations.
\$ 15. Birthplace Bavaria Germany	Date of op
16. Informant SA Us ary Clasia	Autopsy results
Address Notely Cliff Och 11/16	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or resolval, Which?)  Date thereof (mogth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Whera did Injury occur?
Location Mean / owsorr	Injured at home, farm, industry, public place (where?)
18. Funeral director Law M. Franco Sove	Means of Injury Injured at work?
Address 811 IV Wrife &	23. SIGNATURE
18 July 2 4 19 48 Walter M. Harmer Registrar	Address Date signed 1 2/48

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FEB 25 1948

BUREAU V. S.

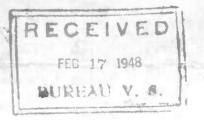
PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	
City or town	State County
	City or town
low long in above place of death?	(11 Outside end of sown nimits, write recents and give nearest town)
Welshum tank	Street No. (If rural, give LOCATION)
Jack Charles	
low long In hospital or institution?	2.(a) If veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
Ser   5. Color or race   S.(G) Single, Married, widowed, or proceed	m.
5. Color or race S.(a) Single, Married, widowed, or hvorced	MEDICAL CERTIFICATION
Fem Phile Wedow.	_ 20, DATE DE DEATH TOBO 9/40 21 65
link, menoth	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
,(b) Name of husband or wife	19
6.(c) It alive, give ageyear	rs and that I last saw h
deceased (mo., day, yr.) July 21-1859	
. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
90hrsmin	Marie
	- Corony account, pay
. Birthplace Cambridge masser hisalts (Town, county, and state)	Due to
(Town, county, and atate)	
D. Usuat occupation Fameure	Due to
1. Industry or business	
	Dther conditions
0	
	(Include pregnancy within 3 months of death)
14. Malden name 2snknown	Major findings of operations
t 9	
-1 15. Buttiplace	Date of op.
6. Informant a. a. Darley	PHYStCIAN: Please underline the cause to which death should he charged statistically.
Address 400/ William, Ed.	
13. 10 7.6 12-48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Marsalla of Park	Where did injury occur?
Cemetery or crematory	
Location : Lengton MG	Injured at home tarm, industry, public place (where?)
Jam & Commeller	Means of Injury Injured at work?
18. Funeral director	1/2 1 . 2 >
Address 418 Guslern Cut.	23. SIGNATURE ME as P. D.
2-112 - V8 Im yourells	Deput Mel M. Der other
19. (Date rec'd by registrar)	ar Address BLAN IN A Date sided 2101



PLEASE WRITE PLAINLY, is especially

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age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

()142() Reg. Dist. No. 39

1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
14 17 11 11	State Many County Baltimore
City or town	City or town Membeton (Ruca)
Hospital, Institution, or street address where death occurred:	(if outside city or town limits, write RURA), and give uearest town)
	Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charlotte M	iller 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. Colored Widowall	20. DATE DE DEATH February 13 19.46 21. 10:30 M
A CAL DO DA	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give ageyears	19.48 to 1-2 13 19.48
7. Sirth date of deceased (mo., day, yr.)  Nov. 2, 1872	and that I last saw h. C2alive on
8. AGE: Years   Months   Bays   If less than one day	Immediate cause of death 9 DURATION 8 days
75 3 11hrsmin.	
9. Birthpiace Harful Co. mel.	Due to.
10. Usual occupation. Domestic & Husseunfe	Due to
11. Industry or business	
12. Name 9 Sace Hall 13. Birthplace Harfred Co Mid.	Diher conditions Chrone my acordes
	(tnclude pregnancy within 3 months of death)
14. Malden name leastatte Brown  15. Birthplace Norfol G. Ned.	Major findings of operations.
15. Birinpiace	Date of op.
16. Informant and Audie	Autopsy results
Address Minister, med.	22. VIOLENCE: If death was due to external causes, till in the following:
17. Dunal Bate thereof Fet 19 1948	
(Bnrial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Misselton, Maryland	Injured at home, farm, industry, public place (where?)
16. Funeral director Landa Mr. Brooks	Means of injury injured at work?
Address Sep. In med.	-10'110 - 0 kg.
2016 112 D D	23. SIGNATURE
19. Jet. 16. 1947 China Once. (Date rec'd by registrar) Registrar	Address (a Ray grill - ml Date signed 2/14/48

RECEIVED

FED 17 1948

BUREAU V. S.

# CEPTIFICATE OF DEATH

			25
Reg.	Diat.	No.	30

	CERTIFICA	IE OF DEATH	Reg. Diat. No 5.
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:
County Jack Zo			e of mother)
City or town 15 mastel	wn limits, write RURAL and give nearest town)	Phate 94 d	County . A care to Co
		City or town	niele
	J-y-w,	(If outside city or town l	imits, write RURAL and give nearest town)
Hospital, institution, or street address w	there death occurred:	Street No. 15 Mago	leave
<b></b>		(1f yoral,	give LOCATION)
How long in hospital or institution?		2.(a) If veteran, name war	
3. (a) FULL NAME			3. (b) Social Security Number
John K	moury. Iv.		
A. Sos 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL.	CERTIFICATION
20	6		4- 030
111 20	widowed.	20. DATE OF DEATH FREE 19	19.7.8 st.7 A.
B.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from
		na 25	1098 10 Feb 19 10 45
7. Birth date of	B.(c) If alive, give agoyears	and that I last saw h #. #23 alive on 2	
deceased (mo., day, yr.)	ne 16/862		
8. AGE: Years   Months	Days   It less than one day	Immediate cause of death	DURATION
0.5	han —In	DISEACTION OF	ujysm_
	hrsmln.	TRORACIC ADI	ua Zhus
9. Birthplace	a.	Due to Anterio Sclan	U315
(To	own, county, and state)	nameral and	Sought Laxues
10. Usual occupation	estal .		and the same of th
11. Industry or business	by or mills	Due to	***************************************
	at minested	Branchit	Chance Vierne
t2. Name		Other conditions	CS / CUSSON C
	and y A	(include pregnancy within	n 8 montha of death)
14. Malden name 15. Birthplace	will taller	Major findings of uperations	
X 15. Birthplace	8-3-1 d.		
one o	A man		
18. Informant	the state of the s	Autopsy results	which death should be charged statistically.
Address / 5 Mark	learl tally		
18)	7 1-78/100	22. VIOLENCE: It death was due to external	causes, fill in the tollowing;
(Burial, cremation, or repough. Wh	Date thereof. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory.		Where did injury occur?(City or tow	rn) (County) (State)
	+1 20.	II .	
Location	a Lander Comment of the Comment of	Injured at home, farm, industry, public place	
18. Fuyeral director	1 mar Mable	Means of Injury	Injured at work?
7 12	1-19, Short	<b>Q</b> -,	1-11-117
Address a free	ours of the	23. SIGNATURE COPLES	se Magness M.D.
10 Febr 21 1011	& UE Harry	0.+1.11	M, D, or other
(Date rec'd by registrar)	Registrar	Address alons ville	18 Mediato signed Z-20-9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DETAILS OF STANFARD

. . . .

Committee of the Contract of t

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FEB 23 1948

BUREAU V. S.

PLEASE

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Baltimore	State Maryland county Baltimore Cit	V
City or town OWINGS MILLS (If outside city or town limita, write RURAL and give nearest town)	Poltimono	
How long in above place of death? About 8 months	(If outside city or town limits, write RURAL and give nearest town	n)
Hospital, Institution, or street address where death occurred:	Street No. 2813 W. Lanvale Street	
Rosewood State Training School	(If rura) give LOCATION)	
How long in hospital or institution?	2.(a) 11 veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
George James Murray	287-05-43	-3-6
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Dinorces	20. DATE OF DEATH February 4 19 48 at 9	
Leng murray	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	11-10
S.(b) Mame of husband or with S.(c) If alive, give age years	2-4-148 19 10 2-4-148	19
7. Birth date of	and that I last saw him alive on not seen alive	19
deceased (mo., day, yr.)	Immediate cause of death.	JRATION
8. AGE: Years Months Days II less than one day	Coronary Artery Disease 3	days
D' A		
9. Birthplace (Town, county, and state)	Due to	
to Hard sourceling Engineer		
10. USUAT OCCUPATION.	Due to	
11. Industry or business Rusewood State Training Sch	<u> </u>	
E 12. Name seorgy murray	Dther conditions	
[ 3. Birthplace Johnstown, Da.	(Include pregnancy within 3 months of death)	
14. Maiden name whinowy		
14. Malden name white was 15. Birthplace	Major findings of operations.	
≥ 15. Birthplace	NONE	
16. Interment William Muray	Autopsy results	tly.
Address 39/8 Canadas outhrest an Joles	V	
17 Buil Date thereof 7.6 , 8, 1948	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or ramoval, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremators steels Cemetery	Where did Injury occur? NONE (City or town) (County) (State)	
Location Tollds, Ohio.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Frank H. Dewell	Meens of Injury Injured at work?	
Dil There !	000 / 100	1 -
Address filesville o maryland	23. SIGNATURE Dr. D. D. Eagles med. Ex	am
19. The 4 19 48 66 Millials	address Reisterstown, Md. Bate signed 2-4-	.148



VS A15

errect age

Evidence	shown or	-of
age is	shown or	

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	1	12	
4	5	1	$^{\circ}$
	1		7

01423 Rog. Dist. No. 33

# CERTIFICATE OF DEATH FILM No. 1948 G 4 MAR

1. PLACE OF DEATH:  County. Baltimore  City or town. Owings Mills  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 8 years 7 mos.  Hospital, institution, or street address where death occurred:  Rosewood State Training School				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland Allegh			
			URAL and give nearest town)	State Maryland County Midland, Allegh- any County, Md.			
			ing School	City or tewn			
How long in hospital of	r Institution?8	years	7 mos.	2.(a) If veteran, name war			
3. (a) FULL NAM		Harri	lson Myers	3. (b) Social Security Number			
4. Sex	Cinalo			MEDICAL CERTIFICATION  20. DATE OF DEATH. February 25 19 48 212.30Pm			
8.(b) Name of busband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26, Feb. 25			
7. Birth date of deceased (mo., day,	yr.)6- 5-29			and that I last saw him alive on Feb. 25 19 48  Immediate cause of death Status Epilepticus DURATION			
8. AGE: Year		Bays	tf less than one day	Microcephalic idiot with Birth			
±9 18	8	20		symptomatic grand mal epilepsy			
9. Birthplace Lonaconing, Md.  (Town, county, and state)  10. Usual occupation Inmate Rosewood Schbol			, Md. late) od Schbol	Due to and quadriplegia Birth			
11. Industry or busines	ss						
12. Name William Myers 13. Birthplace Moscow, Md.  14. Malden name Lina Green 15. Birthplace Lonaconing, Md.  16. Informant Institutional Records, Rosewood Address Owings Mills, Md.				Other conditions			
				Major findings of operations.			
			cords, Rosewoo	Autopsy results.  PHYS1CIAN: Please underline the cause to which death should be charged statistically.			
Address  17 Burial (Burial, cremation, or removal, Which?)  Date thereof Feb. 27.1948 (month) (day) (year)				22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide			
Cemetery or crematory Rosewood				Where did injury occur?			
Location Balto.Co.				Injured at home, farm, industry, public place (where?)			
18. Funeral director. J. F. Eline & Sons			ons	Means of Injury Injured at work?			
Address Reisterstown, Md.				23 SIGNATURE Harry A. Buller			
18. 2 - 27 - 18 48 Many & Eline (Date rec'd by registrar) Registrar			ory & Elive Registrar	23. SIGNATURE M. D. or other  M. D. or other  Address. Owings Mills, Md. Date signed 2-25-18			

MAR 2 1948 BUREAU V. 8

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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

()1424 Reg. Dist. No.

1. PLACE OF DEATH:  County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Mary Land. County. Baltimore		
City of town Reisterstown (If outside city or town limits, write RURAL and give nearest town)			
	City ar town Reisterstown		
How long in above piaco of death?	(If outside city or town limits, write RURAL and give nearest town)		
Berrymans Lane	Street No. Berryman's Lane (If roral, give LOCATION)		
Now long in hospital or institution?	2.(d) tf reterao, oame war		
3. (a) FULL NAME	3. (b) Social Security Number		
Sadie R. Myers	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female   White   Widowed	20. DATE OF DEATH February 12 1948 of 9 P. M		
6.(6) Namo ot husband or wife Frank B. Myers	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-13-148 19		
7. Birth dato of deceased (mo. day. vr.)  December 15, 1879	and that I tast saw h er allve on not seen alive 15.		
	Immediate course of cleath		
8. AGE: Years Months Days It lees than one day 27mlo	Cornery artery Disease Dot 1 mm		
9. Birthplace Ellicott City, Md. (Town, county, and state)  10. Usual occupation. Housewife.  11. Industry or business  *****  12. Name. Richard R. Snouffer  13. Birthplaco Frederick, Md.	District C- Discont 10 yrs.  Other conditions.		
14. Malden name Caroline Ginneman.  15. Birthplace Frederick, Md.	(Include pregnancy within 8 months of death)  Major findings of operations.		
15. Birthplace Frederick, Md.	Date of op.		
16. Informant Mr. George R. Myers  Addrese I424 W. 37th St.	Autapsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Buriel Date thereof 2/17/48 (Buriel, cremation, or removal. Which?)			
Cemetory or crematory Loudon Park.	Where did injury occur?		
tocation Frederick Road.			
18. Funeral director			
Address North & Penna. Aves, Balto. Md.  19. 2 / 6 / 19. 45 / 19. Registrar	23. SIGNATURE By D. Dr Caples Inch Epana. M. D. or other M. D. or other Date signed 2-13-148		

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Rog. Dist. No.		
1. PLACE OF DEATH: Couety Baltimore City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Sigle Md. County Baltimore  City or town. Raapburg  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, givs LOCATION)		
How long in hospital or institution?	2.(a) II veteran, name war.		
John T. Norris	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male   Colored   Married	20. DATE OF DEATH February 13, 1948 at 51 45 Pm		
8.(b) Name of husband or wife. Helen Norris  6.(c) It alive, give age years  7. Birth date of deceased (mo. day, yr.) August 20.1883	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19.45 to flee 3  and that I last saw h. 42 allys, on flee 3  19.45		
8. AGE: Years Months Days It less than one day	Immediate conse of death Countries DURATION Sussaling		
8. Sirihpiace Govens., Balto., Md. (Towa. county, and state)  10. Usual accopation Laborer  11. industry or business	Due to Due to.  Due to.		
12. NameJames Norris	Dther conditions		
E 14. Malden name Susie Kenty	(Iuclude pregnancy within 3 months of death)  Major findings ol operations		
	Date of op.		
Address Raspburg, BaltoCo., Md.	Antopsy results		
17 Brrial Bate thereot 2-18-48 (Burlal, cremation, or removal. Which?)  Cemetery or crematory Mt. Auburn Cema	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide		
	(City or town) (County) (State)		
Location Baltimore, Md.	Means of Injury Injured at work?		
18. Funeral directoMrs. Frances A. Hemsley	mr.		
Address 578 W. Biddle St.  19	23. SIGNATURE M. D. or other  Address Bull Date signed 2 -14-48		

MARGIN RESERVED FOR BINDING

V. S. No.

state DECUPA-Short Every item Exact statement of PIIYSICIANS WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. certificate. be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of AGE should mation should be carefully supplied. -WRITE PL B

19. UNDERTAKER

(Address)

STATE OF	MARYLAND-	CERTIFICATE OF DEAT	Н 01/100
1. PLACE OF DEATH		466	н 01426
County Baltinire		Registration Dis	st. Np. 38
Village or City Jouson	L-a	No.	St Ward
Length of residence In city or town where death of  2. FULL NAME  (a) Residence: No.	Coursed 45 yrs mos Thomas Norm	death occurred in a hospital or institution, give its NAME inds. How long in U.S. if of foreign birth?	yrsmosds.
	Usual place of abode)		e city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE C	OF DEATH
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Mause	21. DATE OF BEATH (Month)	(Day) 1955
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	xee Matthews)	22. Cua 1 HEREBY CERTIFY.	That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer)	29.1879	I last sew Jainer alive on 7 46	17 , 1948; death is said
7. AGE Yaars Months 7	Days   If LESS than   1 day,hrs.	to have occurred on the date stated abova, et 2.32  The PRINCIPAL CAUSE OF DEATH end related causes of were as follows:	
8. Trede, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	alores	Browles-Inemone	Date of onset
kind of work dona, as SPINNER, SAWYER, BDOKKEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc.  10. Date deceased lest worked et		Termin	il Zoay
10. Date deceased lest worked et this occupation (month and year)	11. Total time (yeers) spent in this occupetion	Carcenoma ?	Housey but
12. BIRTHPLACE (city or town) Balto (State or country)	Co. manyland	Dihar Contributory Causes of Importance:	
13. NAME John G	roui		
13. NAME John J.  14. BIRTHPLACE (city or town) Bala (State or country)	nd.	Name of operation	Date of
15. MAIDEN NAME Rebecca	Brus	23. If deeth was due to external causes (VIOL EfICE) fill in	
15. MAIDEN NAME Checea Roques  16. BIRTHPLACE (city or town) Ciclosymus  (State or country)		Accident, suicide, or homicide? Dat Where did Injury occur?	
17. INFORMANT Me Silly (Address)	mones,	(Specify city or to Specify whether injury occurred in INDUSTRY, in HOME	wn, county and State) E, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1e, 7=71 ,1948	Manner of injury	
) rujula / vele	red med.		

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed)

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attock of epilepsy 1915 I week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: V. S. Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

7:05 a. .

DURATION

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:  County Baltimore	Street No Johnny Cake Road		
City or town Catonsville 28. Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 yrs. 7 mos. 29 das.  Hospifal, Institution, or street address where death occurred:  Spring Grove State Hospital  How long in hospital or institution? 2 yrs. 7 mos. 29 das.			
3. (a) FULL NAME  Nettie O'Conner	3. (b) Social Security Num		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATHFebruary 25		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that it affended deceased from  19		
Address  Catonsville 28 Md.  17. Blitter   Date thereof   Catons   Date thereof   Catons   Ca	Autopsy results		

Registrar | Address.

BINDING FOR RESERVED MARGIN

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PLEASE

(Date rec'd by registrar)



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH: Baltimore County City or town Cockeysville (If outside city or town timits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale			
							How long in above place
Hospital, Institution, or	streel address where d	leath occurred:		Street No.			
			***************************************		(If rural, give LOCATION)		
How long in hospital or	r Institution?		***************************************	2.(a) If veteran, name war			
3.(a) FULL NAME Cora Offutt				3. (b) Social Security Number			
4. Sex	5. Color or race	6.(a)Singla,	married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Female	White		Widow	20. DATE OF DEATH Feb. 9, 19	)48	1.12 15 AM	
B.(b) Nama of husband	or wife Noal	h E. (	Offutt	21. I CERTIFY that death occurred on the date above	e slated; That I atlended decease	d from	
	***************************************	B.(c)	If aliva, give ageyears	moy 25 19.4			
7. Birth dale of deceased (mo., day, y	11) about	.91.6		and thet i last saw h. C. R. alive on		19	
8. AGE: Years		Days	tf tess than one day	Immediate cause of death	***************************************	DURATION	
About		?	hrsmin.	arene (2.			
	Maryland			Due to Armfore therman + arternalis			
9. Birthplace	(Town a	ounty and at	nte)				
	Mone	ounty and se		Carlinante	V diame		
16. Usual occupation		*****************	***************************************	Due to			
11. Industry or busines	s ****						
当 12. Name	?		Johnson	Diher conditions Eful	***************************************		
12. Name	Mary	land					
	Frances	Merry	/ma.n	(Include pregnancy within 3 m	onths of death)		
14. Malden nama. 15. Birthplace		***************************************		Major findings of operations			
15. Birthplace	Marylan						
18. Informant J.	Fred Of	futt		Autopsy results			
Coc	keysvill	e, Md.					
			1	22. VIOLENCE: If death was due to external caus	es, fill in the following:		
Burial  (Burial, cremation, or removal, Which?)  Druid Ridge  Cemelery or cremalory  Pikesville, Md.				Accident, suicide, or homicide			
				Where did injury occur?(City or town)	(County) (	State)	
				Injured at home, farm, Industry, public place (who	ere?)		
Location LIST Whomas and I have				Maans of injury	Injured at work?		
18. Funeral director	9 WINE	ww	119 X1692				
Address 8051	. Calver	t St.	,/Baltimore,	(1 ./ 2)	0.00		
	10.		and the De	23. SIGNATURE W. H. Journ	M. D. or	other	
19. 2/9/	8 2/9/48 19 a w peduse			Address 14 E. Eager St	Note element A	4	

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

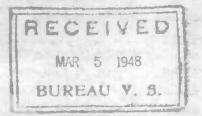
2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

930

014297

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fer newborn infants give residence of mether)
Lexas	State Maryland County Ballinge
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 4 40 4 0 0 - 26 da	City or town
Hospital Institution, or street address where leath occurred:	Street No.
#30tense Coulty Jone	(If rural, give LOCATION)
How long in hospital or institution? 4 yww. 2 m. 2.6 av.	2.(a) It veteran, name war
3. (a) FULL NAME Marion Olines	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white mas	20. DATE DE DEATH. 7. 2. 2. 2. 19. 7. at 2 P. M.
8.(6) Name of husband or wife Mary Claybool Olive	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.43, to 2.28 19.48
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. Annualive on 2/28 18 48
8. AGE: Years Months Days It less than one day	Immediate cause of death
85 6 20nirsmin.	A Control of the Cont
9. Birthpiace State Teras (V.S.), (Tewn, county, and atate)	Due to Orterio orlerosis
10. Usual occupation Race Track, Foreman	Samulaties -
11. Industry or business	Due to.
12. Name. games · O live  13. Birthplace not known	Dther conditions
14. Maiden name Julia Brusher  15. Birthplace not known	(Include pregnancy within 3 months of death)  Major findings of operations.
El 15. Birthplace not known	Date of op.
18. Interment James . 7. Bettler	Antopsy results.
Address 2108 Thistlebloops ave.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof May 1749	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Which!) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Baltamore Case ty Home Ceme.	Where did injury occur?
Location Letus Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Landon Brooks	Means of injury Injured at work?
Address Sparks md;	23 SIGNATURE Vinner O. Ousor M.D
19. Feb. 25 19.48 Wylbhilcool Cate rec'd by registrar) Registrar	Address Cucleur Sville M. Date signed 2/28/48



UNFADING INK Every item of information should be carefully Physicians: please write the causes of death clearly and legibly. ED FOR BINDING MARGIN RESERV COLLOCK WRITE PLAINLY, WITH COLLOCK age is especially important.

VS. A15

1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 2900 Hillcrest Avenue	2. USUAL RESIDENCE OF DECEASED:  (a) State		
(c) Hospital or institution:			
(d) Length of stay in hospital or inst. (yrs., mos., or days)			
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country		
3 (a) FULL NAME HENRY PABST	Creekin to water A	0.77106	
3 (b) If veteran, name war NO Social Security Account No. 213-01-0881	MEDICAL CERTIFICATION 20. DATE OF DEATH FEBRUARY 29 148	.8 AM	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married	21. I certify that death occurred on the date above state ed deceased from Jun. 5 1948, to 5 46	d; that lattend	
6 (b) Name of husband or wife Margaret A. Pabst. 6 (c) If alive, give age 57 years	and that I last saw h.l.M. alive on Full VS 19.	Duration Duration	
7. Birth date of deceased (mo., day, yr.) May 26, 1880	artirioschrotic 4 cars		
8. AGE: Years Months Days If less than one day	Duran	Syrs	
67 9 3hr. min.	Due to Smirklynd		
9. Birthplace Baltimore, Maryland	Due to	gra	
(Town, county, and state)  10. Usual Occupation Retired	Due to		
11. Industry or business Columbia Specialty Co.	Other Conditions Browlings	Y ms	
置 12. Name John Pabst	Lathrage		
13. Birthplace Germany	(Include pregnancy within 8 months of death)  Date of operation	PHYSICIAN	
W Was a Was a land	Major findings of operation:	Underline the	
		death should be charged statis-	
	of autopsy:tically,		
16 (a) Informant Mrs. Margaret Pabst	22. If death was due to external causes, fill in the following	_	
(b) Address 2900 Hillcrest Avenue	(a) Accident, suicide, or homicide		
17 (a) Burial (b) Date thereof (month) (day) (year)	(b) Date of occurrence	M	
(Burial, eremation, or removal) (month) (day) (year) (c) Cemetery or crematory Sacred Heart Cemet	(c) Where did injury occur? (City or town) (Count	(State)	
Location Baltimore, Maryland	(4)		
HENRY SANDER & SONS, II	place?	?	
HENRY SANDER & SONS, II NORTH AVE. & BROADWAY	(e) Means of injury	1	
(b) Address	23. Signature Groupe Plennyr		
9 (a) 1948 (huntary) Registrar	Address + 808 Harrow Repate sign	N. D.	

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01431

DURATION

JEATH	Reg. Dist. No.
RESIDENCE (HOME) O	F DECEASED:
ary land co	unity Baltimore
Windalk	s, write RURAL and give nearest town)
220 Octro	it are
(If rural, give	e LOCATION)

	The state of the s	
1. PLACE OF DEATH: County Saltimore	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
Other and a land a land	State Mary Land Coun	Bal Linasa
(If outside city or town limits write RHRAL and give nonment town)	City or town Dundalk	
How long in above place of death? 23 Years	(If outside city or town limits,	write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Street No. 220 Octroi	+ ave
220 Defroit ave	(If rural, give I	OCATION)
How long in hospital or institution?	2.(a) If voteran, name war	***************************************
3. (a) FULL NAME		3. (b) Social Security Number
Henry Walker Pace		216-09-6963
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
male white married	20. DATE OF DEATH 2 2 Fed	19 48, 217:40
6.(b) Name of husband or wife. Minimile E. Pace	21. I CERTIFY that death occurred on the date above	
	September 194	- 0 1
7. Birth date of 2 C	and that I last saw h allye on	
deceased (mo., day, yr.) 7 August 1872	Immediate cause of death	DURATIO
8. AGE: Years Months Days If less than one day	Carrinoma of	0.1
75 6 / Imin.	0 1 1 1	Stomach 241
Ex. 1) albemarle	and head of jo	a en
9. Sirthplace (Town, county, and state)	Due to	***************************************
10. Usual occupation Skel Warnes		
DA -	Due to	
11. Industry or business Test / Law	***************************************	
E 12. Name William Pace	Other conditions	
12. Name William Pace  13. Birthplace Vin Stria		
14. Maidee name Mary Ricks	(Include pregnancy within 3 mo	nths of desth)
	Major findings of operations	***************************************
1 15. Birthplace V M Juna		
16. Informant Wallace Drooks	Autopsy results.	
Address 6820 Belclare Rd. Dundalk	PHYSICIAN: Please underline the couse to which	
17 Qurial Date thereof Febr. 25, 1948	22. VIOLENCE: tf death was due to external cause	s, fill in the following:
(Burial, cremation, or removal. Which)  Date thereof  (month) (daf) (year)	Accident, suicide, or homicide	Date ot
Cemetery or crematory	Where did injury occur?(City or town)	(County) (State)
Location Castery Cloud.	Injured at home, farm, Industry, public place (when	re?)
18. Funeral director Roland L. Fusher	Means of Injury	Injured at work?
Address 2112 Dundalkave	23. SIGNATURE Bernard	W. Jollod
19. Fr. 23 - 1948 Dawon L. Hurber (Date rec'd by registrar) Registrar	Address & Likerty Park	M. D. or other

PLEASE



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

01432

### CERTIFICATE OF DEATH

	Reg. Dist. No		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore			
City or town (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Prince George		
How long in above place of death?	City or town Upper Marlboro (1f outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:			
Spring Grove State Hospital	Street No		
How long in hospital or institution?	2.(a) 11 veteran, name war.		
3. (a) FULL NAME			
George W. Parker	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white single	20. DATE OF DEATH February 13 19 48 21 60 30 2 1		
# /k\ Name of hundrand or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	February 10 19 48 10 February 13 19 48		
7. Birth date of 7. Octo	and that I last saw h.i.M. alive on February 13. 19.18.		
deceased (mo., day, yr.) 1878	Immediate cause of death and or whan DURATION		
8. AGE: Years Months Days If less than one day	five 2 days		
70 ? ?min.			
9. Birthplace	Due to Atterio Schenatic C. V. Judef		
1D. Usual occupation Laborer	Que to CAY REST ENSIVE		
11. Industry or business ?	Q V. disease "		
12. Name	Other conditions Walnutre tim		
13. Birtholace ?			
64	(Include pregnancy within 8 months of death)		
	Major findings of operations		
15. Birthplace ?	Date of op.		
16. Informant Hospital records	Autopsy results as above		
Address Catonsville-28, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: It death was due to external causes, Illi in the tollowing:		
(Burial, cremation, or remove. Whick?)  Date thereof	Accident, suicide, or homicide		
Cemetery or crematory Ce Aas Jall	Where did Injury occur?		
I II and me			
Location and Market Mar	Injured at home, farm, Industry, public place (where?)		
18. Funeral director / Public / 1900	Means of Injury Injured at work?		
Address The malks Ma!			
1/2/2/	23. SIGNATURE Isadore Tuerk, M.D. or other		
19. Z-145 (Date rec'd by registrar) Registrar	Address Catonsville-28, Md. Date signed 2-13-18		

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FEB 17 1948

BUREAU Y. S.

PLEASE WRITE

VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

014

### CERTIFICATE OF DEATH

eg. Diat. No.

			Reg. Diat. No2	jet o odgyko o o o o o o o o o o o o o o o o o o	
1. PLACE OF D	DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Md  Balto		
City or town(1	If outside city or town	imits, write RURAL and give nearest town)	State County County County County County County County County or town limits, write RURAL and give nearest town)  Street No. 626 Regester Ave.		
Hospital, Institution,	or street address where	death occurred: Ster Ave.			
How long in hospital	d or Institution?		2.(a) If veteran, name war	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3. (a) FULL NA	ME	LOUISA PREI	3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Widow	20, DATE OF DEATH February 12, 19 48	1:008	
		ge J. Prell	1 10 7 10 1 LU	2 19 48	
7. Birth date of deceased (mo., da		Oct. 17, 1867	Immediate cause of death. A Million W	DURATION	
8. AGE: Ye	ears   Months	Days If less than one day 25hrs.			
10. Usual occupation	DR	county, and atate)	Due 10. 4	4	
E	D 7.1				
13. Birthplace  Balto  Laterine Middendorf  14. Malden name Catherine Middendorf  Balto.			(Include pregnancy within 3 months of death)  Major findings of operations.		
			Oate of op.		
16. Informant	r. J. A. Ka		PHYSICIAN: Please underline the cause to which death abould be charged	statistically.	
Address 626 Regester Ave.  Burial Date thereof (month) (day) (year)  Cemetery or crematory Loudon Park Ceme					
		Balto., Md.			
18. Funeral director. WILLIAM J. TICKNER & SONS			lefured of work?	. D.	
Address Balto., Md.  19. (Date yec'd by registrar)  Registrar			23. SIGNATURE M. D.  Address 3/436 Ne arroart Date signed	or other 13/4	

PLEASE WRITE PLAINLY, is especially

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### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

920

01434

### Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	(For newborn infants give residence of mother)
City or town I persone from mo.	State
(If outside city or town limits, write RURAL and give nearest town)	City or town Sparrow Joint
How long in above place of death?	(if futside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Office Nu
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JOHN R. PRICE	240-15-1167
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m Bl. Married	20. DATE DE DEATH. 7.1. 4 19.48 219.09
6.(b) Name of husband or wife Floreine Price	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) // 24/ /908	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	PIN TENMATIC HEART DISEASE?
3 9hrsmin.	c Apric + MITRAL June
La.	Due to Insufficiency
9. Birthplace	J ?
10. Usual occupation. Lahprek	
11. Industry or business Berklehem Steel Co.	Due to
	Dther conditions.
12. Name Stew Serving Price 13. Birthplace	
al 13. Birinpiace	(Include pregnancy within 3 months of death)
# 14. Maiden name Qurdue Fueller	Major findings of operations.
14. Maiden name Birdie Hlauellen  15. Birthplace	Date of op.
Ila Po	
16. Informant	Antopsy results
Address, Wede Water Va.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Semoval Date thereof Fet 8 1948	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or cremetory	Where did Injury occur? (City or town) (County) (State)
Location / Lickory M. C.	Injured at home, farm, Industry, pubme place (where?)
ma Poly 1 600 seto da . A	Means of Injury Injured at work?
18. Funeral director.	ma. ms.
Address //29 7/. Carrens I	23. SIGNATURE / DODOWS
1. 2/7 1.48 (e.W. Hedrick	Dept. Mad. EXAMINER - 13 Photo County of
(Date r/c'd/by registrar) Registrar	Address Date signed

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

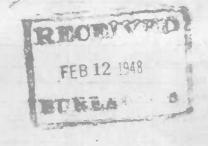
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		0	41

VV

1			CERTIFICAT	E OF DEATH Reg. Dist. No.	
County Day Childre				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or townFol	t Howard	mite mrite P	URAL and give nearest town)	Slate Maryland County (5)	
How long in above place o	f dealh? 213.	Days		City or town Baltimore (5) (If outside city or town limits, write RURAL and give n	enrest town)
Hospital, Institution, or s	freet address where	leath occurred	:	Street No. 906 Shuter Street	
			loward, Maryland	(If rural, give LOCATION)  2.(a) If veteran, name war	
3. (a) FULL NAME	nstitution? 41.3	nays	***************************************		
3. (a) FULL NAME	Danza			3. (b) Social Securit	
4. Sex	5. Color or race	T L. F	RICE e. married, widowed, or divorced	unemployed  MEDICAL CERTIFICATION	
Male	Colored		ngle		
MATC	COTOLEG	01	-11876	20. DATE DF DEATH February 5, 19.48	
6.(b) Name of husband o	r wifeS	ingle	A. H	21. I CERTIFY that death occurred on the date above stated; that I attended do July 7, 10. Februar	y5,1948
7. Birth date of	3016		e) If alive, give ageyears	and that I last saw h im alive on February 5,	
deceased (mo., day, yr.	10-4-2	Days	if iess than one day	Immediatn cause ní death	
20	4	1	hrs,min.	Tuberculosis, pulmonary, far adv.	
9. Birthplace Bal:	timore, Mo	eounty, and	state)	Due to	***
10. Usual occupation				Due to	
11. Industry or business  12. Name Ber:	nard Price	<b></b>		Other conditions Tuberculosis, intestinal,	unknown
	nknown			moderate	
14. Malden name R:	Lillian	M.N. U	Inknown	Tuber culosis regritation in moderate  Major findings of operations.	l yr.plus
15. Birthplace	ichmond, N	TILETIN	La .	Date of op	
TP+	ical Record.		ets. Adm. Hospital	Antopsy results. Substantiated above.  PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
- Addition			1 11 11 11 11	22. VIOLENCE: tf death was due to external causes, fill in the following:	
17. Ourse (Burial, cremation,	or removal. Which?	70.4	eof Honth (day) (year)	Accident, suicide, or homicide	
Cemetery or cremator	, Isales.	Julie	na Unelly	Whera did Injury occur?	(State)
Location				injured at home, farm, Industry, public place (where?)	
18. Funeral director	us Tab			Masns of injury Injured at work?	
Address /1/2	971	and	in St	23. SIGNATURE. N. C. Welneugh	
19. 2/6	18 X8	H	W. Hatach	H.C. MANAUGH, M.D. Chief Profess Address V.A.H. Ft. Howard, Md. Bate signe	sional ser.
(Date rec'd by reg	strar)		) A Registrar	Address A	

MARGIN RESERVED FOR BINDING

Evidence for change of street address, birth cemetery and its location, MARYLAND STATE DI and addition of husband's name 2411 N. Charl	hplace, father's name,  EPARTMENT OF HEALTH  les St., Baltimore  12 d
FILM No. G 114 MAR 10,1948 CERTIFICAT	TE OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give residence of mother)  State
3.(a) FULL NAME	3. (b) Social Security Number
LAURA HOSS PRINTUP  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced  FEMALE WHITE Widowed	MEDICAL CERTIFICATION  2D, DATE OF DEATH. FEB. 9 th. 19.48 11/0-30 R. M
6.(b) Name of husband or wife Joseph J. Printing  7. Birth date of deceased (mo., day, yr.) 28 th. Sept. 1857	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1947, to 70.  2nd that I last saw h. 2. alive on 70.
8. AGE: Years Months Days If less than one day 90 4 12 min. mln.	Immediate cause of death DURATION 5 Ja.
9. Birthplace	Due to Clarify Character Character 1831-(C.).  Due to
14. Malden name Pricilla Smith  15. Birthplace Tenn.	Major findings of operations
Address Bethesda Marykand	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;
Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory (MANAGEM ) Glenwood (experiment)  Location Distribution of Column of the property of the propert	Accident, suicide, or homicide



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: FRENCE E	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	State Many Land County Frederick			
City or town A Control (If ontside city or town limits, write RURAL and give nearest town)				
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)			
	Street No. 54RB - MONGO VIB			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
CORA SAMATHA	theitchard 3. (6) social Security Number			
4. Sex 5. Color or raco 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Temale white Married	20. DATE OF DEATH February 28 18 40 at 6 \$ 10			
6.(b) Name of husband or wife Thuman Prite have	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
6.(c) If alive, give age 73 years	tel 25 1947 10 Feb 28 1.46			
7. Birth date of	and that I last saw h 2 allvo on 714 27 19 46			
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than ood day	Immediate cause of death			
6. AGE.	Cerebral Nemorrage 3 days			
9. Birthplace (Town, county, 3hd atate)	Due to Meleco & Clerosic with			
2.4	hykertension 10 yre			
	Due to			
II. Industry or businesa				
12. Hame Khaples Graston	Other conditions.			
2 13. Birthplace West Virginia	(Include pregnancy within 3 months of death)			
14. Maiden name Lachel Maryle				
15. Birthplace of West. Vinginia	Major findings of operations.			
18. Interman M. Thomas Britchard	Aclopsy results.			
7	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Mourivia, Phd.	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, esemation, or removal, Window)  (Burial, esemation, or removal, Window)	Accident, suicide, or homicide			
Cometery of crematory Assessed	Where did injury occur?			
Location Meller Mr. aux Fred. Co. Med.	(City or town) (County) (State)			
a.no. A. was	Means of Injury Injured at work?			
18. Funeral director	0 100121			
Address Win field, Mid.	23 SIGNATURE Comect P, Roop Me)			
1. Het & 9 1948 Juday Wtalcom	M. D. of other			
(Date rec'd by registrar) Registrar	Address New Market 19 Rate stoned tea 29 10			

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1. PLACE OF DEATH:

County Baltimore

MADVIAND	CTATE	DEPARTMENT	UL	HEATT

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Reg. Diat. No......

City or town			State Mary Land Cou	nty	
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?O. yrs., 1 mo., 8 days  Hospilal, Institution, or street address where death occurred: Mt.Wilson  Branch, Md. T.B. Sanatorium  How long in hospital or institution? O. yrs., 1 mo., 8 days			City or townBaltimore City (If outside city or town limits, write RURAL and give nearest town)  Streel No		
3. (a) FULL NAME				3. (b) Social Security	Number
	Mr. Au	stin S. Rather		212-03-94	
	or or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	r~ /
	**************************************	35			0 40 4
Male	White	Married	20. DATE OF DEATH February 6	1948	3:50 A M
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years 39  9. Birthplace	June Monihs 7 ord Co (Town, e	e Edith Rather  6 (c) If alive, give age. 40 years  14, 1908  Days   It less than one day  23   hrs. min.  Maryland  ountry, and state)  com. Clerk	Pulmonary Tuberc	47 . Feb. 6 bruary 6, ulosis	19.48 19.48 DURATION 3. yrs. 6. mos.
12. Name Georg 13. Birthplace Ma	ryland	er	Other conditions Tuberculous		mag
15. Birthplace Ma	Ella P	orter	Major findings of operations Extra-p with Lucite Plomba	leural pneu	monolysi
10. Intermant	***************************************		Autopsy results	hich death should be charged	lostatistically.
17 Burial (Burial, cremation, or ren Cemelery or crematory	ersusi an, Ha	e Cemetery rford Co., Md. Ruth, Inc.	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County) here?	(State)
		Ave., Balto., Md.	23. SIGNATURE Stewart  Address Mount Wilson,	en. e	Ler hb or other 2/6/48

11 180 THE LEWIS CO. LANSING MICH. Carrier . Carrier and Carrier 1314 the street of the street of the THE PROPERTY OF THE PARTY OF

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2	0143816
100	Reg. Dist. No

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland. County.  City or town. Baltimore (If outside city or town timits, write RURAL and give nearest town)  Street No. 128 E. Lorraine Avenue (If rural, give LOCATION)  2.(a) It veteran, name war. WW-I
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM J. RATTICAN  4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	217-03-1293 MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. February 5, 19.48 21.9:40 A
6.(b) Name of his bank of wife Estelle Rattigan  6.(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from  January 16, 19 48 to February 5, 19 48  and that I last saw h. im. alive on February 5, 19 48  Immediate cause of death  Tuberculosis, pulmonary, bilateral 10 Yrs.
51 1 4hrsmin.	far advanced, active. plus
9. Birthplace	Due to
13. Birthplace Ireland  14. Maiden name Eleanor Fleming  15. Birthplace Ireland  15. Birthplace Clinical Records, Vets, Adm. Hospital	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant Clinical Records, Vets. Adm. Hospital	Autopsy results. Substantiated Above.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereot. 2 - 9-1948  (Burial, cremation, or removal, Which?)  Cemetery or crematory Balternesis Naturnal Cemetery	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide
Location  18. Funeral director  Address 50/ & 2/2 - 5X  19. 2/6/48 19	Meens of Injury  23. SIGNATURE.  H. C. MANAUGH, M.D. Chief Professional ser Address. V.A.H. Ft. Howard, Md. Date signed 2-5-48

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information carefully. The

ADING INK. Supply every item of Physicians: please write the causes

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۲.	Diat.	No.			2

			CERTIFICA	ALE OF DEATH Reg. Diat. No	(3)		
1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Baltimore  City or town Raspeburg, Md.  City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? life  Hospital Institution, or street address where death occurred:			100000111111111111111111111111111111111	state Maryland county Baltimore	State Maryland county Baltimore		
City or town(If out	taide city or town l	imita, write R	URAL and give nearest town)	Raspeburg, Md.			
How long in above place of	f death?	life		City or town Raspeburg, Md.  (If outside city or town limits, write RURAL and give nea	rest town)		
Hospital, Institution, or si	treet address where	death occurred		Street No. 4920 Hazelwood Ave.			
				(If rural, give LOCATION)			
How long to hospital or le	nstitution?			2.(a) If veteran, name war			
3. (a) FULL NAME				3.(b) Social Security	Number		
Li des observable	AUGUST RI	EINHARD	T				
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	٨		
male	white		widower		30 LC		
				20. DATE OF DEATH Feb. 3rd 1948			
6.(b) Name of husband or	Lucy Lucy	L. Re	inhardt	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from		
B.(O) Hame of Husbane of	7		A 4 1 1	July 26 1947 to Tel 3	19 46		
7. Birth date of	* 7 - /		c) If allve, give agey	and that I ask saw hasoni alive on Belon 2	19.48		
deceased (mo., day, yr.)	o July	2nd, 18	0 (0	Immediate cause of death	DURATION		
8. AGE: Years	Months	Days	It tess than one day	Toxic alisonstion	1 day		
69	7	1	hrs	min.			
Ba	altimore	County.	Md.	blussenthline - with hiller	3 Means		
9. Birthplace	(Town,	eounty, and	state)	Due to			
1D. Usual occupation	Tahorer						
	Complex 1	Highway	7	Due to			
11. Industry or business	Andrew Re				·		
12. Name		Tilliai di		Dther conditions			
	Germany			(Include pregnoney within 3 months of deeth)			
H 14. Maiden name	Augusta	Wolfrun	1				
	Baltimo	re. Md.		Major fiedings of aperations	140000000000000000000000000000000000000		
≥ 15. Birthplace				Date of op			
15. Informant	rs. Georg		***************************************	Aotopsy resolts	-a-st-stB		
Address 50	Ol Hazel	wood Ar	re.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.		
humi a	1		2/6/1/8	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, cremation,	or removal. Which?	Date ther	eof	Accident, sutcide, or homicide			
	P	arkwood		Whers did Injury occur?	(Chata)		
Cemetery or crematory		ore, Mo	······································				
Location			••••••••••••	Injured at home, farm, industry, public place (where?)			
an Francisco S	lanal.	7 un	mal Home	Mssns of Injury Injured at work?			
IB, Puneral director97	7401 Bel:	air Ros	d				
Address	1401 101		2.00	23. SIGNATURE Michael J. Dausch	M.N.		
Fr. 4 3	19 42	On	no a J. Redsmes	LW W. O. O. G. M. D.	or other		
(Date ree'd by regi			Regist	trar Address / W. Cue Loa Club Date signed	7/3/48		



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	0	1	4	4	0	7
Reg.	Dia	t. 1	No.		3	0

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1. PLACE OF D	EATH Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give realdence of mother)
	Catonsville f outside city or town limits, write RURAL and give nearest t	State Md. County Baltimore
How long in above pla Hospital, institution, 5702" Edi	ce of death?	City or town V.C. V.C.I.S. V. L. L. C. (If outside city or town limits, write RURAL and give nearest town)
How long In hospital	or Institution?	2.(a) If veteran, name war
3. (a) FULL NAI	Albert C. Reuschlein	3. (b) Social Security Number
4. Sex	5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
Male	White Married	20. DATE DE DEATH Feb. 21/48. 19 at 1/: 00 A
7 Disk date of	6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
8. AGE: Yes 72	ars   Months   Days   If tess than one day   11   14	min. auta Corony aulinia Sudden
9. Birthplace	Retired	Due 10 Contenies Cardio - about
11. Industry or busing	ess B. & O. R. R.	Due 10.
12. Name	eorge Reuschlein aryland	
		(Include pregnancy within 8 months of death)  Major findings of operations.
		Date of op.
16. Informant	rs. Bessie Reuschlein, (v	Wife) Autopsy results
Address 5'	702 Edmondson Ave.	PHYSICIAN: Please underline the eause to which death should be charged atatistically.
Daniel -		22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
	atory Woodlawn	Where did injury occur? (City or town) (County) (State)
Location	Woodlawn Balto Co. Ha	Injured at home, farm, industry, public place (where?)
19 Europe director	Harry H. Withte	Meens of Injury injured at work?
	101 Bamonason Ave.	23. SIGNATURE Sto J. Gaver M.D.  M. D. or other
19. (Date rec'd by	registrar 19.	Registrar Address / mallow / bull ave; Date signed 2/23/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

er. Dist. No. 30

V. PLACE OF DEATH:  County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Catonsville				Street No. 102 South Carrolton Street (If rural, give LOCATION)		
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 12 years, 8 months, 30 days.  Hospital, institution, or street address where death occurred:  Spring Grove State Hospital  How long in hospital or institution? 12 years, 8 months, 30 days			months, 30 days ital			
3. (a) FULL NAM	Nellie	Rivers			3. (b) Social Security !	Number
4. Sex female	5. Color or race white		le, married, widowed, or divorced widowed	MEDICAL CER 20. DATE OF DEATH. February 11		a.4:30 a.
6.(b) Name of husband 7. Birth date of deceased (mo., day,	- 001	6.0	c) If allve, give ageyeara	21. I CERTIFY that death occurred on the date above s  May 12 19 3  and that I last aaw h CF alive on	taled: that I attended decea 6 to February ruary 11	aed from
8. AGE: Year	s Months	Days	If less than one day	Immediate cause by death		DUNATION
64	?	?	hrsmin.	Acute intestinal	obstruction	24 hrs
9. Birthplace	Houseke Home	a county, and eper	stute)	Due to		indef.
14. Malden name	?			(Include pregnancy within 3 months		
16, Informant			rds 8, Maryland	Autopsy results	death should be charged a	statistically.
Cemetery or cremat  Location	Spring Catonsvill Spring Gro Catonsvi	Grove e 28, l ve Sta lle 28	te Hospital	22. VIOLENCE: If death was due to external causes, Accident, suicide, or homicide	(County) ?) tnjured at work?  M.D.	(State)



MAY 11 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
County Baltimore	State Mary land County House
City or town. Towson 11 Maryland (If outside city or town limits, write RURAL and give nearest town)	11 +1. a.c / // a
How long in above place of dealh?	City or town (If outside city or town limits, write RUFAL and give nearest town)
Eudowood Sanatorium, Towson L. Md.	Street No. 2 GAY dou (Ifrural, give LOCATION)
How tong In hospital or institution? Analy august 5,1946	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
EAWARD LEE KODINSON	216-03-0324
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tall whate single	20. DATE OF DEATH & SAUGARA SE 19/18 19/18 19/18 19/18 19/18
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I extended deceased from
6 (c) if all we give see	Myust & 19 Hb 10 February if 1948
7. Birth date of deceased (mo., day, yr.) August 23, 1912	and that I last saw & same alive on file all as a same after the same and the same alive on the same alive of the same a
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
35 5 //hrsmin.	andmonary susuales since
9. Birthplace Poinghamton, N.Y.	Due to
(Town, county, and state)	
1D. Usual occupation. Da 183 ma	Due to
11. Industry or business Mulycan / La Company -	
12. Name Lee Loninson	Dither conditions
13. Birthplace MONTROSE, 4A.	(Include pregnancy within 3 months of death)
14. Maiden name. 24444	Major findings of operations
2 15. Birthplace Dutto, New York	Date of op.
Personal History-Hospital Records	Antopsy results.
Address Eudowood Sanatorium, Towson 4, Md.	PHYSICIAN: Please underline the caose to which death should be charged statistically.
17 Burial Date thereof St. 7,1948	22. VtOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Bufriai, cremation, of removal Which? (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Nashungton Bly A. Mai Ellent Je.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Town, Mid.	W/ Bridges
26 V8 A. W. Hebuch	23. SIGNATURE M. D. or other M. D. or other
19. (Date red d by registrar) Registrar	Address Tows on 4, Md. Date signed 2-4-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County			ATO Toffeman Ame	
How long in hospital or	Institution?		2.(a) It veleran, name war	
3. (a) FULL NAME		Fannie Rose	3. (b) Social Security Nu	mber
4. Sez	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	Colored	Widow	20. DATE OF DEATH TECH 5 19 98	3:20
6,(b) Name of husband or wife			21. I CERTIFY that eath occurred on the date above stated: that attended becease 19	19 P8
8. AGE: Years 68	Months 6	Days tf less than one day 29hrsmin.	Immodite cause of death Caroles Roseane	HOFTARUD
9. BirthplaceN	lew Kent	C.O. V.Z. vunty, and state)	Bue to	14.
(Town, county, and state)  10. Usual occupation			Due to	V
12. Name ? Patterson Va.			Other conditions	
t4. Malden name. Prances ?			(Include pregnancy within 3 months of death)  Major findings of operations.	
16. toforman Mrs. Edith Smith			Autopsy results	
Address 402 Rallroad Ave  17. Rurial Date thereof 2-8-48 (Burial, cremation, or removal, Which?)  Cemetery or crematory. Plesant Rest Ceman			22. VIOLENCE: If death was due to external caoses, fill in the following:  Accident, suicide, or homicide	
tocation Towson, Balto. Co., Md.  18. Funeral directors. Frances A. Hemsley			tnjured at home, tarm, industry, public place (where?)	
Address 578 W. Biddle St.  19. 2/7 (Date fee'd by registrar) 19.48 G.W. Bedruch			23. SIGNATURE M. B. Reef & L. Date eigned C. Date eigned C.	where but

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

		R 1. 2
Reg.	Dist.	No

	Avg. Plats I volumental management and a second sec
1. PLACE OF DEATH: County Calture are	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
City or town	State. City or town County Cou
Hospital, Institution, or street address where death occurred:	Street No. Alla Calla Ca
Now long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Albert - Sac	208 Ky 3. (b) Social Security Number
4.8% 5. Color of race, S.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION  20, DATE OF DEATH  20, DATE OF DEATH  20, DATE OF DEATH
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
7. Birth date of deceased (mo., day, yr.) Per G. 27-1893.	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediato cause of death OURATION
9. Birthplace (Town, county, and atate)	Due to Levelo
11. Industry or business of the Quantum	Due lo
12. Name Degree Is dea Ky  13. Birthplace Gerecan	
14. Malden name of Landson Social Series	(Include pregnancy within 3 months of death)  Major fisdings of operations.
1/01.01 2/0/11	Date of op.
16. Informant: Aller in Car dog of	Autopsy results
Address Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Wood Grand Just	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Mesns of Injury Injured at work?  Mesns of Injury Reaffiles
Address Bow Court and The Solat	23. SIGNATURE M. D. or other
19. (Data policid by projectors)	1010 Reads and Date elegand 2-11 x8

2411 N. Charles St., Baltimore

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at 4:20 A.

Unknown

Unknown.

			CERTIFICA	ATE OF DEATH	Reg. Diat. No	17
1. PLACE OF DEATH:  County				City or town Baltimore (If outside city or town lin Street No. 217 President (If rural, g	of mother)  County  nits, write RURAL and give r	nearest town)
3. (a) FULL NAME					3. (b) Social Securit	y Number
	CLAU	DE L. S			unknown	
4. Sex	5. Color or race	8.(a)Singl	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	S	ingle	20. DATE OF DEATH February 10	1948	at 4:20
6.(b) Name of husband or wife			c) It alive, give ageyı	21. I CERTIFY that death occurred on the date February 9, and that i fast saw h im	bruary 10,	ry10,1948
8. AGE: Years 52	Months 3	Days	it less than one dayhrsn	Pulmonary edema		
S. Birthplace. Michigan (Town, county, and state)  10. Usual occupation. Cook & Baker			state)	Due to Right sided card		*****
		T		Due to Pulmonary emphyse tuberculosis		
11. Industry or business	mag Scass	9				ULIKILOW
		Ť		Other conditions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******
불 14. Maiden name Emma Waddell				(Include pregnancy within		
15. Birthplace M	1cn1gan				Oate ot op,	
16. Informant Clinical Records, Vets. Adm. Hosp.  Address Ft. Howard, Maryland  17. Bural Date thereot (Burial, cremation, or removal, Which?)  Cemetery or cremator Baltinge Halima				Autopsy results. Substantiate PHYSICIAN: Please moderline the cause to	which death should be charge	ed statistically.
			2/13/4	Accident, suicide, or homicide	Dale of	(State)
Location July 18. Funeral director	ovary	14. 83	light L.	injured at home, farm, industry, public place Msans of Injury	(where?)	
18. Funeral director.  Address 4914 Belain Road  19. (Date rec'll by registrar)  19. (Date rec'll by registrar)			W. Hedre	23. SIGNATURE CONTINUE Address.	ment 26	Mrol

information carefully. The

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### CERTIFICATE OF DEATH

	2411 N. Ch	arles St., Baltimore	19 OTTIO	44
	CERTIFICA	ATE OF DEATH	Reg. Dist. No	
City or town. (If outside city or town limits, of How long in above place of death?	te RURAL and give nearest town)		ME) OF DECEASED: iduncu of mother)  County Substitute RURAL and givu nei ural, give LOCATION)	Z/ arest town)
How long in hospital or Institution?		2.(a) If veteran, name war		
3. (a) FULL NAME	and John	Lehirmer	3. (b) Social Security 219-14-	
4. Sex 5. Color or rape 6.(a) S	Single, maries, widowed, or divorced  Manaceel		CAL CERTIFICATION	. (
6.(b) Name of hueband or wife	B (c) It alive give age ve	21. I CERTIFY that death occurred on the		13 19 4
7. Birth date of deceased (mo., day, yr.)	13-1880.	and that I last eaw h	13 February	19.4.
8. AGE: Yeare Months Daye	If lese than one day	Immediais causo of death	7 Jailine	DURATION 2 day
9. Birthplace Town, county, a	Md and state)	Due to Mart	Oisoase	10 y
10. Usuat occupation		Due to Calvula	eliology	10 yrs
12. Name Cugust 13. Birthplace Levra	chumer	Other conditione.	unna (	
14. Maiden name May L  15. Birthplace Harman	ens	(Include pregnancy Major fisdisgs of operations	within 3 months of death)	
mallin &	The same	Autopsy results		
Address Beau Beau	1. Balta 21	PHYStCIAN: Please nuderline the co	ause tu which death shuutd he charged	statistically.
17 Bund Date	thereof	22. VIOLENCE: If death was due to e		
(Burial, cremation, or removal, Which?)  Cemetery or crematory	awn (month) (day) (yesr)	Where did injury occur?(City		(State)
Location Bulto Eo.		Injured at home, farm, industry, public	place (where?)	
18. Funeral director of Bruse de	ecushe	Means of Injury	tnjured at work?	
Address /// O 7 Basic	in look of d	23. SIGNATURE MENCEN	ellt mun	or other
19. (Date yec'd by registrar)	/ W. Heard	Par Address 4.71/2 Za.	sterular Date signed.	14 to 12

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3. (b) Social Security Number

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### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) write RURAL and give nearest town) (if outside city or town limits, 501

(If rural, give LOCATION)

2.(a) If veteran, name war.

1. PLACE OF DEATH:	104
County	e 21D
City or town. (If outside city or town lix	nits, write RURAL and give nearest town)
How long in above place of death?	taalh geeurrad
nospital, institution, or street address where the	
How long in hospital or institution?	
3. (a) FULL NAME	
	idt man.
4. Sex   5. Color or race	6.(a)Single, married, widowed, or divorced
m white	unideres.
Sel	mae.
6.(b) Name of husband or wife	
7. Birth date of	
deceased (mo., day, yr.) July	Days   If less than one day
8. AGE: Years Months	
66 6	16min.
9. Birthplace Ballo I	eounty, and state)
10. Usual occupation. Labo	rer,
	***************************************
11. Industry or business	& - Granidtiman
12. Name Michael  13. Birthplace Gern	
	7 W
14. Maiden name. Augus 15. Birthplace	a somme
E 15. Birthplace Derm	any !
16. Informant a Micha	el Schmidtine
Address 5012, 48	th, St.
" Burial	Date thereof 2/7/48
(Burlal, cremation, or removal. Which?)	
Cemetery or crematory	carnet,
Location Dag	ell st

MED	ICAL CERTIFICA	
20. DATE OF DEATH TUE.	<i>H</i>	1948 21 7 30
21. I CERTIFY that death occurred or	n the date above stated; fhaf	l attended deceased from
	, fo, fo	
and that I last saw halive	on	19
Immediaty spuse of death.	Em from t	DURATION DURATION
Due fo		
Due to	***************************************	••••••
***************************************		
Other conditions		
(Include prognan	ncy within 3 months of dest	h)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

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Injured at home, farm, Industry, bublic place (where?)

Accident, euicide, or homicide.

2411 N. Charles St., Baltimore

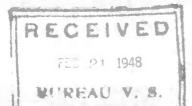
CERTIFICA	ATE OF DEATH Reg. Diat. No. 37
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  319 AVERIAL E  How long in hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State MANY A County Dall Home City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 2014 A Vely (Iterral, give LOCATION)  2.(a) If veteran, name war
	Schuler 3. (b) Social Security Number
Female White Widowed  S. Coior or race 6.(a) Single, married, widowed, or divorced  White Widowed	MEDICAL CERTIFICATION  2D, DATE DF DEATH. February 15, 1948, 21 11:007
8.(b) Name of husband write FFAMK Schuler  5. (c) If alive, give age yea  7. Birth date of 6.42 5 18 7	21. I CERTIFY that death occurred on the date above ctated; that I attended deceased from 19 4 5 and that I last saw how alive on 19 4 5
deceased (mo., day, yr.)  8. AGE: Yeare Monthe Days If lese than one day  1. If lese than one day	in. Purson Duration
9. Birthplace. Baltimore, MA.  (Town, county, and state)  10. Usual occupation. Housewife  11. Industry or bueinese  12. Name. John Will	Due to The conditions  Due to The conditions
13. Birthplace  14. Maiden name Sofia Garmer  15. Birthplace  16. Interment Frank Schuler	(Include pregnancy within 3 months of death)  Major findings of operations.  Oale of op.
Address Towson, Ma.  17. Burial, cremation, or removal. Which?)  Cemetery or crematory. Prospect Hill Cemetery.	
Location Towson Md.  18. Funeral director John Burne Some  Address Journal Many Many Many Many Many Many Many Many	Injured at home, tarm, Industry, public place (where?)  Meane of Injury  Injured at work?  /23. SIGNATURE
19. (Date rec'd by registrar)	ar Address Joursey 4. Web Date eigned 2/18/48

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

47d.

01448 Reg. Dist. No. 33

## CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Land County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 2/45 Eagle Street.  Hi rural, give LOCATION)  2.(a) 11 veteran, name war
3. (a) FULL NAME  Jours Shiller  4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Transied.	3. (b) Social Security Number  MEDICAL CERTIFICATION
Frale white Framed.  6.(b) Name of hosband or wife Esther Shiller  6.(c) It alive, give age 56 years deceased (mo., day, yr.)  Debruary 15, 1880	20. DATE OF DEATH Thomasy 5 19 5 A B  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 7 10 7 19 7 19 7 19 7 19 7 19 7 19 7
8. AGE: Years Months Days It less than one day 11 20	Ingoardiel Feline
1D. Usual occupation	Due to Memoria Pathological exam. of left lung at Sinai Hosp Lab. shows Bronchiectasis with chronic Other conditions in teratitial pneumonitis and adenocarcinoma. (4-15-48) ams (Include pregnancy within 3 months of death)
14. Maiden name.  15. Birthplace Oussia.  16. Informant Esther Sheller  Addison 2145 Earle St. Baltimore and	Major findings of operations
17. (Include cremation, or reproved Which?)  Cemelery or crematory (Company Company Co	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide
18. Funeral director Dels Lewis Mac.  Address Noo Ectair Nacl	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other
19. 2 5 (4 19 19 A CONTROL 19 A CONTROL Registrar	Address Devsterstown and Bate signed 2/5/48

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

01443 Reg. Dist. No.

1. PLACE OF DEATH: Allows Above	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County Daltings	State Maryland County Allen arm		
City or town	City or town Baltimiare		
How long in above place of death?	(He outside city of town limits write RURAL and give nearest (1981)		
Hospital, Institution, or street address where death occurred:	Street No. Manager Total Congression (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3.(b) Social Security Number		
6 dward R. V.	Smith		
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W M.	20. DATE OF DEATH # # 15#8 at SP. M		
6.(b) Name of husband or wife	21. JCERTIFY that death accurred on the date above stated; that lattended deceased from		
	august 12, 1947, 10 TEb. 13 19 48		
7. Birth date of	and that plast saw harmalive on TEC 3		
deceased (mo., day, yr.)  8. AGE: Years Monty's Days If less than one day	Immediate cause of death DURATION,		
18 10 25min.	ague susaronon y 20 MIN,		
1/20 0 0 000	Devent of the Trans		
9. Birthplace	Due to Charles Charles		
10. Usual occupation / Farmer	Endolarditor		
	Due to Muts at Stewnses		
11. Industry or business			
I 12. Ralle.	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name alle A. Dessey  15. Birthplace  Md.	Major findings of operations		
🗵 15. Birthplace M.	Date of op.		
16. Informant Mrs. Catherine Smith	Autopsy results		
Address Many Kood Long Freen	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Descried Date thereof 7/17/48	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Location Bulling Bulling	injured at home, farm, industry, public place (where?)		
18. Funeral director Storage J. Auck	Means of Injury Injured at work?		
11. 11. 11	Lelled Totaledian Mis		
Address 5305 Harford Ra.	28 SIGNATURE JOLA J. JULIUS M. D. or other		
19. 2/17 19 W Howard by receiptors 19 W A.W. Hedrick	Iddress Tork Md. Bate signed 2 1/6/48		

# PLEASE WRITE PLACY, W

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

0	C	eg. Diat	01	45	(1
	R	eg. Diat	. No	54	7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Baltimore				
City or town	state Maryland County			
How long in above place of death? 15 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	street No. 1206 West North Avenue			
Spring Grove State Hospital	Street No			
How long in hospital or institution? 15 days	2.(a) If veteran, name war			
3. (a) FULL NAME				
John Smith	3. (b) Social Security	Number		
4. Sea 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
mala midda danala				
male white single	20. DATE OF DEATH February 5 19 48			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  January 21			
T. Birth date of				
deceased (mo., day, yr.) May 12, 1862	Immediats cause of death	DURATION		
8. AGE: Years Months Days It less than one day	Arteriosclerotic heart disease	vears		
85 8 24min.		J		
9. Birthplace Baltimore County, Maryland (Town, county, and state)	Due to Generalized arteriosclerosis			
10. Usual occupationLaborer	Due to Malnutrition	indefinit		
11. Industry or business Labor		*******************************		
12. Name	Other conditions			
13. Birthplace ?				
	(Include pregnancy within 8 months of death)  Major findings of operations			
14. Maiden name2				
14. Maiden name?	Date of op.			
16 Informant Hospital records	Autopsy results			
Cotonomina on Normal and	PHYSICIAN: Please underline the cause to which death should be charged	statistically.		
Address Catonsville-20, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory. Do at Shephall	Where did Injury occur?	(State)		
Lacation Rodens live to Elicott City	twored at home, farm, industry, public place (where?)	***********		
F 0-7- 84	Means of Injury Injured at work?			
18. Funeral director David Leve, m. D.				
Address & Sucrett City Ma,	23. SIGNATURE Isadore Tuerk, M.D.			
2.1 0 11 1/6 11 - 11	23. SIGNATURE ISQUEE I GELAS M.D.	other 10		
19, (Date rec'd by registrar) Registrar	Catonsville-28, Md. Oate signed	73 1 179		

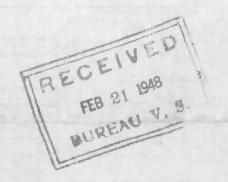


CERTIFICATE OF DEATH

44

CERTIFICAT	Reg. Dist. No
1. PLACE OF DEATH: County Daltimore - 19.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME Wylie Ebbert Smith	3. (b) Social Security Number
wale white Married.	MEDICAL CERTIFICATION  2D. DATE DE DEATH.  P. J. 1948 1 1 A.
8.(6) Name of husband or wife. Ella May South  6.(c) I (alive, give age 58 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Saw. 10 - 1878	and thet I last saw how all ve on 19 Man DURATION
8. AGE: Years Months Days It less than one day  1 5hrsmin.	Cerebral 7, brombons. Gudden
9. Birthplace Suffelusbelly - Oa (Town, county, and spite)	Due to Stephenterisene Of Cardio mocular disease
10. Usual occupation	Due to
E 12. Name Joseph 14. Supth.	Other conditions
14. Maiden name Saxah Kann 15. Birtholace	(Include pregnancy within 3 months of death)  Major fiadiogs of operations
S 15. Birthplace	Date of op
Address eddress as we # /.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial cremation, or removel, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory ST. THOMAS	Where did injury occur?
Location CHAMBERS BURG, PENNA.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Wallace 12/7 ST. PAUL ST.	A: he fan:
7 h 15 118 Dohe U. 6	23. SIGNATURE SOULS M. Galler M. D. or other
19/CDato rec'd by registrar) Registrar	Address Date signed

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLEASE



PLEASE

SA

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Diat. No.

City or town. Cations ville—28. Manyland  South State With A and give nearest town)  Brown is above piece of death? If VIS. 6. MOS. 14 days  Spring Grove. State Hospital  Spring Grove. State Hospital  Scenery. State Hospital  Stee Not. 1.7. VIS. 6. MOS. 14 days  Steet No. 720. N. Belling A. Ava.  (It read, give Location)  Steet No. 720. N. Belling A. Ava.  (It seeds No. 80. 80. 80. 80. 80. 80. 80	County Baltimore		(For newborn infants give residence of	mother)			
Row long in hospital or institution? 17 YES S. MOS. 14 days.  3. (a) FULL NAME  STAAS, Age the  4. Set  S. Color or race  S. Color or race	City or town			mos. 14 days	City or town Baltimore (If outside city or town limits, write RURAL and givs nearest town)		earest town)
STAAS, Agatha 4. Set Female S. Color or race Female White Married  6. (a) Single, married, widowed, or diverced Married  7. So Date of Death.  6. (b) Hame of husband or wife  6. (c) It alive, give age  7. Birth date of decreased (mo., day, yr.)  7. Birth date of decreased (mo., day, yr.)  8. AGE: Years Months Days If less than one day 7. So Birthplace Maryland  9. Birthplace Maryland  10. Usual occupation. HOUS gwife 11. Industry or business Domestic  11. Industry or business Domestic  11. Industry or business Domestic  11. Industry or business Maryland  12. Name Maryland  13. Birthplace Maryland  14. Maiden name. Annih.  Maior findings of operations.  Maior findings observ							
STAAS, Agatha 4. Set S. Color or race Female S. Color or race S. Color or S. Color or Race S. Color or S. C	3. (a) FULL NAM	1E				3. (b) Social Security	Number
Female White Married  6.(b) Hame of husband or wife. Grore John Scientification of the state of	STAAS	, Agatha					
8. (b) Name of husband or wife GEORGE STAS  1. Birth date of Start	4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
8.(b) Name of husband or wife	Female	White		Married	20 DATE DE DEATH February 24	10 48	#1:30 n
76 19 hrs. min  9. Birthplace. Maryland (Town, county, and state)  10. Usual occupation. Housewife  11. Industry or business Domestia  12. Name David N., Null 13. Birthplace Maryland  14. Maiden name Annia Wimar 15. Birthplace Maryland  16. Informani. Hospital Racards Address Catonsville-28, Maryland.  17. By Alaka Date thereof. Co. 28 Maryland.  18. Usual, cremation, or removal. Which?)  19. Cemetry or crematory. PANC GALKE Monthly (day) (reser)  Location Catonsville No. 20 Maryland (include pregnancy within 3 months of death)  Major fiedings of operations.  Autopsy resolts. AS. abovg.s. PHYSICIAN: Please coderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State)  18. Funeral director A Samp A Wyland Address 410 Maryland (Include pregnancy within 3 months of death)  Major fiedings of operations.  Autopsy resolts. AS. abovg.s. PHYSICIAN: Please coderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. Date of Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Injured at work?  23. SIGNATURE, ISAGORO TUGY, M. D.	7. Birth date of deceased (mo., day,	y.) Februar	y 5, 1	(c) if alive, give ageyears	June 10 19.  and that I last saw h R.Zaling on Febru	30 10. February pary 24	y 24 19 48 19 48 19 48
S. Birthplace Maryland  (Town, county, and state)  10. Usual occupation Housewife  11. Industry or business Domestic  12. Name David. N. Null  13. Birthplace Maryland  (Include pregnancy within 3 months of death)  Major fiedings of operations.  Autopsy resolts AS. 20078.  PHYSICIAN: Please ooderline the case to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide Date of  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Injured at work?  Address 4101 Januarature Autopsy Injured at work?  3. SIGNATURE ISadore Tuerk, M. D.	o. nob.				Cardial in suff	ricionay	/ nev
10. Usual occupation. Housewife  11. Industry or business Domestic  12. Name. David N. Null  13. Birthplace Maryland  14. Maiden name. Annie Wimer  15. Birthplace Maryland  16. Informani. Hospital Records  Address Catonsville-28, Maryland,  17. (Burini, cremation, or removal, Which?)  18. Funeral director. Algary Autyland  19. Funeral director. Algary Autyland  10. Usual occupation. Housewife  11. Industry or business Domestic  21. Vame. David N. Null  (Include pregnancy within 3 months of death)  Major fiedings of operations.  (Include pregnancy within 3 months of death)  Major fiedings of operations.  Autopsy resolts. As above a PHYSICIAN: Please oderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. Date of Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?  23. SIGNATURE ISAdors Tuerk, M. D.							1
Address Catonsville-28, Maryland,    Royland   Physician: Please ooderline the caose to which death should be charged statistically.    Physician: Please ooderline the caose to which death should be charged statistically.    Physician: Please ooderline the caose to which death should be charged statistically.    Physician: Please ooderline the caose to which death should be charged statistically.    Physician: Please ooderline the caose to which death should be charged statistically.    Physician: Please ooderline the caose to which death should be charged statistically.    Physician: Please ooderline the caose to which death should be charged statistically.    Countries   Physician: Please ooderline the caose to which death should be charged statistically.    Countries   Physician: Please ooderline the caose to which death should be charged statistically.    Countries   Physician: Please ooderline the caose to which death should be charged statistically.    Countries   Physician: Please ooderline the caose to which death should be charged statistically.    Countries   Physician: Please ooderline the caose to which death should be charged statistically.    Countries   Physician: Please ooderline the caose to which death should be charged statistically.   Countries   Physician: Please ooderline the caose to which death should be charged statistically.   Countries   Physician: Please ooderline the caose to which death should be charged statistically.   Countries   Physician: Please ooderline the caose to which death should be charged statistically.   Countries   Physician: Physicia	10. Usual occupation Housewife  11. Industry or business Domestic  12. Name David N. Null  13. Birthplace Maryland				Other conditions (Include pregnancy within 3 r	east dis.  THE SELL SELL SELL SELL SELL SELL SELL SE	
Address Catonsville-28, Maryland.  PHYSICIAN: Please ooderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	16 Informani HO	spital Rec	ords				
17   RURIAL   Date thereof   Ceb 28/978   (Burial, cremation, or removal. Which?)   Date thereof   Cemetery or crematory   SPR/NC   County   Coun	*				PHYSICIAN: Please ooderline the cause to wh	sich death should be charged	statisticaDy.
19 and 19 48 U.W. Heaven	(Burial, cremation Cemetery or cremat Location	ATON SVILLA  ATON SVILLA  AGAIN H  410/ Eden	Date then	reof Feb 28 1978 (month) (day) (yeer)	Accident, suicide, or homicide	(County) here?) Injured at work?	(State)
	18. 2/28	19.4.	4	W. Hedrich		M. D.	

CERTIFICA	AIE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Balb	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
	State MACL County
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give frearest town)
Hospital, in altution, or street address where death accurred:	Street No. 1802 aliken St.
Nausters of occharist Hog	(If rural, give LOCATION)
How long In Copilal or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME  Bertha	Stemler 3. (b) Social Security Number
4. See 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
tende milite Musicale	Tolores 10 000
unale junia sou fil	20. DATE OF DEATH Television 19 48 21 8 P.
	21. I CERTIFY that death occurred on the data above etated; that I atjended deceased from
6.(b) Name of husband or wife	dee 1 47 10 Tely 5- 10 X
	ears /
7. Birth date of Sulu 23 1871	and that I last saw handlive on
deceased (mo., day, yr.) fluing or o, 18/1	Immediate cause of death
8. AGE: Yeare Months Days If less than one day	
12 6 13hrs.	min. Olute Cardin daclery 187
Harried Pa	
Birthplace	Due to
10. Usual occupation home	Due 10. Oander Varallar Usease
1. industry or business	201
	Den My
12. Name Slemler Bararia	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Theresa Mareck  15. Birthplace Anatria	
14. marget name.	Major findings of operations
E 15. Birthplace Mustria	Date of op.
mr Benund Smith	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1802 acken St	
Busial relations 7/1/48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Male (Nodernees	Where did Injury occur?
Cemetery or crematory	
Location Delder Heal	Injured at home, farm, Industry, public place (where?)
a for 7 planner Dea	Meene of Injury Injured at work?
18. Funeral director 1971	01 0 11 10
Address TIV- Bight St. 1.0	Mark M.
	23. SIGNATURE M. D. OF COLUMN
19 2 / 7 48 a.W. Hedrich	1010 Neodo al
(Date fee'd by registrar)	trar Address Date signed

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully.

PLEASE WRITE PLAINLY

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01454 Reg. Dist. No. 43

V			
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland Baltimore		
City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh? 30 years	State Maryland Cousty Ball Cliffor E  Fullerton, Md.  (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of dealing.	Street No. 730.7 Linden Ave. (If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) It veteran, name war.  3. (b) Social Security Number  2.7 - 0.7 - 5/3 9		
3. (a) FULL NAME  ARTHUR L. STEVENS			
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE OF DEATH. Feb. 26th 19 48 at 12:40p m		
6.(b) Name of husband or wife Mamie A. Stevens  6.(c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  Jan 30 19 48 10 Fel 25 19 48		
7. Birth date of deceased (mo., day, yr.) Oct. 5th, 1883	and that I last saw h. A.M. alive on 2 - 25		
8. AGE: Years   Months   Days   tt less than one day	Immediate cause at death  Cerebral Henonlage 2 days.		
9. Birthplace St. Mary's County, Md. (Town, county, and state)	Due to arternisclessi man, yes		
1D. Usual occupation Janitor  11. Industry or business	Due to		
John L. Stevens  12. Name John L. Stevens  13. Birthplace St. Mary's County, Md.	Dither conditions Chunic Kephitis many years		
Holt	(Include pregnancy within 3 months of death)  Major findings at aperatians.  Date of op.  Autopay results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: it death was due to external causes, illi in the following;  Accident, suicide, or homicide.  Date of  Where did injury occur?  (City or town) (County) (State)		
St. Mary's County, Md.			
16. Intermant Mrs. A.L. Stevens 7307 Linden Ave.			
burial Date thereot 3/1/48  [Burial, cremation, or removal. Which?]  Date thereot (month) (day) (year)			
Cemetery or crematory Putty Hill Putty Hill, Md.			
18. Funeral director Landau June 14	Means of Injury Injured at work?		
19. 4. 27 19 48 km a. L. Reufsmidw. (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE DOG TO M. D. or other  Address 6713 Belan KD Date signed 2-27-4		

RECEIVED

MAR 2 1948 BUREAU V. S.

2411 N. Charles St., Baltimore

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01455

#### CERTIFICATE OF DEATH

Pag Dist No. 4

CERTI	FICALE OF DEATH Reg.	Diat. No.
PLACE OF DEATHS.	2. USUAL PESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother)	D:
A- 9-86 3-3-	State	
y or town(If outside city or town limits, write RURAL and give nearest	town)	
w long in above place of death?	City or town	AL and give nearest town)
spliate in acove place of deator		
60 nous dane	Street No. (If rurn), give LOCATION)	
m 1		
w long in hospital or institution?	2.(a) If veteran, name war	
(a) FULL NAME William Elm	er Sullivan. 3. (b) So	ocial Security Number
Sei   5. Color or race   6.(a)Single, married, widowed, or dive	MEDICAL CERTIFIC	ATION
male while marries	- February	8 1948. 10
1		
(b) Name of husband or wife Marce.	21. I CERTIFY that death occurred on the date above stated; that	
Birth date of	and that I last saw halive on	
deceased (mo., day, yr.)	Immediate vause of death	DURATIO
AGE: Years Months Days It less than one day		. 0
50 9 9hrs.	Coronary accil	e d
n 1 1 1 0 1		
Birtholace Ballinne Co. Mr.	Oue to	
(Town, county, and state)		
. Usual occupation.	Que to	
todustry or business Dun by		
2 10 10 10 10 10 10 10 10 10 10 10 10 10		
12. Name Danel Success	Other conditions	
12. Name Danel Succession 13. Birthplace Md		
	(Include pregnancy within 3 months of des	th)
14. Maiden name.	Major findings of operations.	
14. Maiden name. Anne. Cophra 15. Birthplace Myd,		
Mr min helle	( \de_ / 1	
Informant J. Command J	Jutipsy results	
Address (all Mossie Some Want	PRISICIAN: Flease underline the cause to waith death suc	fully he charged statistically,
D · O	22. VIOLENCE: If death was due to external causes, fill in the	following:
Durual Date thereof 2-21	Accident, suicide, or homicide	Date of
	()****	
Cemetery or crematory Dacked Seart Cem	Where did injury occur?	County) (State)
The Mannes Will	Injured at home farm, industry, public place (where?)	
Location Control Contr		ired al work?
Funeral director Willey & Bullet Sie	Means of Injury Inju	IEU al WOIR?
102 de Halla St	Mal	2
		0 /h/
Address 403 S. Dulle M.	23. SIGNATURA	

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

age

comet

VS A15

PLEASE WRITE

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore

#### 480 CEDTIFICATE OF DEATH

01456

CERTIFICAT	E OF DEATH Reg. Dist. No	-
1. PLACE OF DEATH: Oue - 19 -	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)	
Spanne Tour	State ned - County Balto - 19	10000
to dutside city of town limits, write KOKAL and give nearest town)	City or town of arrows Gant.	
How long in above place of death?	(If jutside city or town limits, write RURAL and give nearest town)	
3104 Breuhell are.	(If rural, give LOCATION)	••••
How long In hospital or Institution?	2.(a) 11 veteran, name war	
3. (a) FULL NAME	3.(b) Social Security Number	
EDNA BERNICE TALLE	Y. none	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	-0
Female white married.	20. DATE OF DEATH FeV. 9 . 19. 48 , 11 2 7	м
8.(b) Name of husband or wife. Live frequency Talley.  6.56) If alive, give age 43 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	.8
7. Birth date of deceased (mo., day, yr.) Aug. 26. 1907.	and thet I last saw h. C. V. alive on Felt. 9 - 18 4.	8
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	N
40 5 14hrsmin.	a dens car carcar	Mad
Batting are Country but	agis	-140
9. Birthplace (Town, eounty, and state)	Due to	
10. Ueual occupation. Adousement		
11. Industry or business pur home -	Due to	******
12. Name Edward Moberts ow .	Other conditions	*******
12. Name Edward Moberts on: 13. Birthplace Wiconico Co. Mol.		******
14. Maiden name Dunie Jones.	(Include pregnancy within 3 months of death)	
15. Birtholace Baltouthie - med.	Major fiadings of operations	••••••
Lis. Birmpiace / Calletter - Jack		
Address 3109 Reverserve Rd - Batto 19	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.	
D	22. VIOLENCE: If death was due to external cauces, fill in the following:	
(Burial, cremation, or removal. Which?)  Date thereof. (day) (year)	Accident, aulcide, or homicide	
Cemetery or crematory ( All Cliff	Where did injury occur?	******
Location Laural	Injured at home, farm, industry, public place (where?)	
18. Funeral director fellerich Businal Saint	Meens of Injury Injured at work?	
Addrese 2008 Poleans Or	22 SIGNATURE Louis n. Tollin M. N.	
19. 21.0148 19. A. W. H. Registrar	23. SIGNATURE 6908 North Fourt Rf M. D. or other Address Date eigned 299	18

M

1. PLACE OF DEATH:

How long in above place of death?......2

How tong in hospital or institution? 3. (a) FULL NAME

B.(b) Name of husband or wife.

Years

(Berial cremation, or semoval. Which?)

4. Sex

7. Birth date of deceased (mo., day, yr.)

1D. Usual occupation. 11. Industry or business

13. 8irthplace

14. Maiden na 15. Birthplace 14. Maiden name

18. Funeral director

(Date rec'd by registrar)

8. AGE:

Hospital Institution, or street address where death occurred:

5. Cojor or race

Months

(If outside city or town limits, write RURAL and give nearest town)

Days

(Town, county, and state)

Date thereof.

6.(a) Single, married, widowed, or divorged

.6.(c) if alive, give age ......

It less than one day

(month) (day) (year)

Registrar

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

CERT	rifi	CATE	OF	DE	ATL
CLIN		CALL	UI.	1.711.7	-

2. USUAL RESIDENCE (HOME) OF  (For newborn infants give residence of m	DECEASED:
State Count	K. The
City or town	write RURAL and give nearest town)
Street No(If rural, give L	OCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
	3,000
MEDICAL CE	RTIFICATION
20. DATE OF DEATH Followary	26 1948 at 4PM
21. I CERTIFY that death occurred on the date above	
July 19.4	3 10 Feb 26 1945
and that I tast saw hand alive on Feb	- 24 1948
Immediate cause of death	DURATION
Carsuary Thron	ubssil 2-3 days
Due to Let Cello - Neler	seed Sharfual
musica de les	
Due to. Aff from Culture	
Other conditions	•••••
(Include pregnancy within 3 me	nths of death)
Major findings of operations	
	Date of op
Antopsy results	h death should be charved statistically.
22. VIOLENCE: If death was due to externat cause	
Accident, suicide, or homicide	
Where did injury occur?(City or town)	
Injured at home, farm, industry, public place (when	e?)
Meens of Injury	Injured at work?
23 SIGNATURE MATHROOM	
1409 Park de	M. D. or other
Address 1403 Pack at	Q Date signed 2 - 26 48.

information carefully. The of death clearly and legibly. ADING INK. Supply every item of Physicians: please write the causes WITH UNF! PLAINLY, vis especially WRITE PLEASE

M. D. or other

Address Catonsville 28, Md. Date signed 2-25-48

age

### PLEASE A15 19. May 10 19 48 VE, Harry Registrar SA

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	CERTIFICA	TE OF DEATH Reg. Dist. No. 30		
1. PLACE OF DEATH: county Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town)		state Maryland county Prince Geo		
	cs. 3 mos. 17 days			
	Hospital cs. 3 mos. 17 days	(If rural, give LOCATION)	. /	
3. (a) FULL NAME	S. O mos. I rocks			
George P. Tay	lor	3. (b) Social Securit	y Number	
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White	Single	20. DATE OF DEATH. February 25 19.48	12:05	
7 Righ date of		November 9 47 February	y 25 19 48	
	per , 1870	Immediate cause of death		
8. AGE: Years Months 77 2	hrsmin	Cachexia, undiagnosed		
9. Birthplace Elbert Court		Oue toOsteomyelitis of the left hee	1 1 month	
10. Usual occupation	S	Chronic glomerular nephritis	indef.	
12. NameF. M. Taylo	r	Other conditions	***	
	zabeth Ayres	Major findings of operations.		
Hoonital Da	ound	- Date of op		
	cords 28, Md.	Autopsy results NONE PHYSICIAN: Please underline the cause to which death should be charge	d statistically.	
Address Gatonsvi ale Burial (Burial, cremation, or removal, Which		22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide		
	g Grove State Hospital	Whers did injury occur?	(State)	
Location Catonsville		Injured at home, farm, industry, public place (where?)	(	
18. Funeral director Spring Gr	ove State Hospital	Mssns of Injury Injured at work?		
Address Catonsv	rille 28, Md.	doch ful		
Mudiess		- 12 CICHATURE ISACO TO The Me V		

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to be regard to be proved to the same by

MAY 11 1948

BUREAU V. S.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

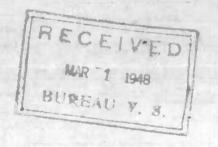
## CERTIFICATE OF DEATH

01458

Reg. Diat. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mether)
County Baltimore	State Manhand County Baltimore
City or jown	1 12 .
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Battimore County flore	(If rural, give LOCATION)
How long in hospital or institution? 2 mo 16 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James Taylor	
4. Sex 5. Color by race 6.(a) Single, married, widowed, oddivorced	MEDICAL CERTIFICATION
male col	20. DATE DE DEATH. Fel- 9.7 1948 at 735 A-M
8.(6) Name of husband or wife Flancis Jones Taylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jel 11 1847, 10 2 127 1848
7. Birth date of	and that I last saw h. and alive on 2/216 19.48
deceased (mo., day, yr.)  R AGF. Years   Months   Days   dess than one day	Immediale cause of death
	Carunome-
hrsmin.	Gastrie & Supalar)
9. Birthplace Ball (Town, county, and atate)	Due to
10. Usual occupation. Laborer	
	Due to
11. Industry or business	
12. Name Robert Taylor  13. Birthplace Vizginia	Dither conditions
	(Include pregnancy within 8 months of death)
14. Malden name Elizelleth Blake 15. Birthplace 2	Major findings of operations
∑ 15. Birthplace	Date of op.
16. Informant Rolles Dennis	Antopey results
Address 63 07 139 Route 16	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13 Brail 21 mayland 2-17-48	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or exemetery the Stephens	Where did injury occur?
Location Essel manyland	Injured at home, farm, industry, public place (where?)
Ma In O + MM: ++1+ OT	Means of Injury Injured at work?
18. Funeral director. Mrs. Rover Ellott T. Daughle	01.1 15
Address 1129 North Caroline St. Ballo. Ma	23. SIGNATURE CHIMMEN O. COMP
19. (Date rec'd by registrar) 19 + 8 As and Los As Registrar	Address Coches Sville Mid. Date stoned 2/27/48





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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No. .....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Sallo	···· / / / / / / / / / / / / / / / / /
Cily or town. (If outside city or town limits, write RURAL and give nearest town)	State County Dalla
	City or town
How long in above place of death?	
	Street No. Soll 24 Sue Out
Dorf 24 Suc WE	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Certie Virginia Te	xstermann 3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
7 W. married	20, DATE OF DEATH February 15 19 78 110 %
Richard Texstermann	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
6.(b) Name of husband or wite.	JAN 3/ 1048 10 FEB 15 10
6.(c) It alive, give age 25	rears and that I last saw h 44% alive on 65% 9 9 19%
7. Birth date of 72 - 1919	and that I last saw h
deceased (mo., day, yr.)	Immediate come of death
O, AUL.	Unknow Edera In
28 2 23hrs.	min.
Kantusky	In solved melas.
9. Birthplace (Town, county, and state)	Due to
in the same of the	
tD. Usual occupation.	Due to.
tt. Industry or business a Cet Home	_ breast /
I wine John 7 . Fritz	Other conditions.
12. Name	Gingi Conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name Harmahs Tempie  15. Birthplace ) Centucky	
E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Major findings of operations
₹ 15. Birthplace	Date of op.
16 Informant Mr. Richard Tersterman	
1 1011 leve BAS	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burish Date thereof 2-18-45	
(Buriai, eremation, or removal. Which?) (month) (der) (year)	
Cemetery or crematory moreland lark	Where did injury occur?
1 0 0	
Location Laylor C.	injured al home, farm, industry, public place (where?)
An B. Connells	Meens of Injury talyred at work?
18. Funeral director	// /// /// / // / / / / / / / / /
Address 415 Eastern Cut.	23. SIGNATURE Togeth puch he
10 2/17/48 10 John & Connell	M, D, or other
19. (Daye ree'd by registrar) Registrar	first Address 422 Zasten and Date signed 4/1/

FEB 17 1948 SUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

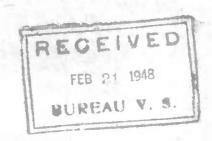
2411 N. Charles St., Baltimore

M. D. or other

# THE NO . 1.1 MAD 11 1049 CERTIFICATE OF DEATH

FILM NO. G 114 WAR 11 1940 CERTIFICAT	E OF DEATH Reg. Dist. No.
ty or town (If outside city or town limits, write RURAL and give nearest town)  ow long in above place of death?  ow long in hospital or institution?  ow long in hospital or institution?  (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
JOHN ALBERT	TOLSON 214-18-2877
Sex S. Color or race S. (a) Single, married, widowed, or divorced  Male White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. SEPTIMALY 1, 1948 214:00 P.
(b) Name of husband or wife Asiac Punkett Tolson  6. (c) It alive, give age 7.8 years deceased (mo., day, yr.) February 27, 1864  AGE: Years Months Days If less than one day 2 hrs. min.  Birthplace Slainville Ohio (Town, county, and state)  D. Usual occupation. Carpenter  1. Industry or business H. T. Campbell, Sons, Co.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  2
12. Name John A. Tolson  13. Birtholace Vaknown	Dther conditions
14. Maiden name Elizabeth Taylor  15. Birtholace Unknown	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
6. Informant Mrs. Alice P. Tolson	Antopsy results
Address /03 LINDEN TEYRACE, Towson, No.  Burial Date thereof Ro. 4 1948 (Burial, cremation, or removal, Which?)	22. VtOLENCE: It death was due to external causes, flil in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory More Jand Memorial Jark	Where dld injury occur? (City or town) (County) (State)
Location Parkville, Mary Jano  8. Funeral director John Burns Sories	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
8. Puneral director	(- > 1)

UNFADING INK. Supply every item of information carefull ant. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING PLEASE WRI SA



#### 2411 N. Charles St., Baltimore

A1 10

U	1	4	6	7	
				-	

CERTIFICATE OF DEATH 1. PLACE OF DEATH: Bal timore Kingsville, Md. (If outside city or town limits, write RURAL and give nearest town) 31 years How long in above place of death?..... Hospital, institution, or street address where death occurred: 3. (a) FULL NAME EDWARD J. TRAUTMAN 5. Color or race 6.(a) Single, married, widowed, or divorced married white male Elizabeth W. Trautman .6.(c) If alive, give age ......years Feb. 27th, 1882 deceased (mo., day, yr.) if less than one day 8. AGE: Years 11

Belair Road

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Baltimore Kingsville, Md (If outside city or town limits, write RURAL and give nearest town) Sunshine Ave. (If rural, give LOCATION) 3. (b) Social Security Number 218-18-0996 MEDICAL CERTIFICATION

Feb. 15th. 21. I CERTIFY that death occurred on the date above stated: that toffended declared from Russia 9. Birthpiace..... (Town, county, and state) Machinist 10. Usual occupation.... 11. Industry or business Unknown 12. Name .... Ilnknown 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace Unknown 14. Malden name... Major findings of operations..... Unknown Mrs. Edward W. Trautman Sunshine Ave., Kingsville, Md. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: burial Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) St. Michaels Lutheran Where did Injury occur? .....(City or town) (County) Fullerton, Md. Injured at home, farm, industry, public place (where?) ......

FOR BINDING MARGIN RESERVED PLAINLY is especiall

information of death cle

WRITE

Address

Injured at work?

DURATION

M. D. or other

OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOME) OF (For newborn in fants give residence of m	DECEASED:
state Count	ly
City or town(If outside city or town limits	write RURAL and give nearest town)
Streef No. 2.3.09 Chatha	WE Sparrow Por
2.(a) If veteran, name war	
11	3. (b) Social Security Number
CIK	
MEDICAL CE	RTIFICATION
10. DATE OF DEATH 2-23- 48	19
1. I CERTIFY that death occurred on the date above	
2 - 10 - 48 19	
and that I last saw h.i. 1221 alive on	
mmediais caose of death	DURATION
/ metatastic curic	monal
Jue to Strmaih Chr	1 110./
lue to	
ther conditions	
(Include pregnancy within 3 me	onths of death)
Najor fiedings of operations	
	Date of op
otopsy results	ch death should be charged statistically.
2. VIOLENCE: If death was due to external cause	es, fill in the following;
accident, suicide, or homicide	Date of
Where did Injury occur?(City or town)	(County) (State)
njured at home, farm, Industry, public place whe	(p?)
Means of Injury	/ Injured at work? 7

(Date rec'd by registrar)

CERTIFICATE OF DEATH

OURATION

5-10 yra.

outside city of town limits, write RURAL and give nearest town)

How long in above place of death?. Hospital, institution, or street address where death occurred

How long in hospital or Institution?.

Reg. Diat. No. .....

3. (a) FULL NAME

information of death cle

BINDING

RESERVED

LARGIN

7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE:

1D. Usual occupation

11. Industry or business 12. Name ....

Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED: Infants give residence of mother

(If rural, give LOCATION)

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

november. 1947 10 4 Februs 19 48

and that I last saw h J. Ross.....alive on . Immediate cause of death arteriorderotic hypertensive

cardiovascular disease

(Include pregnincy within 8 months of death)

Major findings of operations.....

DAYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, till in the tollowing

Accident, suicide, or homicide...... Where did Injury occur? ......

(City or town) (County)

Injured at home, farm, Industry, public place (where?) ..... Means of injury

Injured at work?

WRITE

PLEASE

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MARGIN RESERVED FOR BINDING

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1		3	1,7	2	2)	U	R
-					4		

#### CERTIFICATE OF DEATH

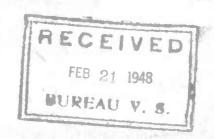
	Keg. Dist. No.
X. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:- (For newborn infants give desidence of mother)
County Toward Front light Marsety Hells	county State County
(If dutside city or town lines, write RERAL rul give your ext to	City or town
low long in above place of death?	(If outside city or town limits, whee RURAL and give nearest town)
HUSDIVAL, INSTItution, of Street audiess where death december.	Street No. (If rural, give LOCATION)
Now long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mak Colored Newborn	20. DATE DE DEATH WHEREAUX LANGUE TELT 19. 4 8 21
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above status; that I attended deceased from
6.(c) If alive, give age	vears 19
7. Birth date of deceased (mo., day, yr.)	and that I last saw h 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Mony's Days If less than one day	Immediate cause of death DURATION
Newborn, full berna hrs. Feel	Lultury Lowelly deal its.
9. 8irthplace	Due to weeks triffilial and not took
9. Birthplace	
10. Usual occupation	Due to
11. Industry or business	
12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name 15. Birthplace	Major findings of operations.
S 15. Birthplace	Date of op.
16. Informant	Autopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bureal Date thereof Mary 193	22. VIOLENCE: If death was due to external causes, fill in the following: Unfavor
(Burial, cremation, or removal, Which?) (month) (day (ye	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Sylve Butter Com Holder	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Jun Burne Same	Means of Injury  Miured at work?
Address Tommy Milde NY	1/ (Solling to Hudans Mix) Di
m. 1 11 11 11 11 11 11 11 11 11 11 11	M. D. or other
(Date rec'd by registrar)	Registrar Address Thurs Man Bate signed 2/27/4



APR 5 1948

BUREAU V. S.

80	2411 N. Charl	ea St., Baltimore	930	014	04
	CERTIFICAT	TE OF DEATH	F	Reg. Diat. No. 38	?
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURA  How long in above place of death?  Hospital, institution, or street address where death occurred.  How long in hospital or institution?		City or town (If outside city Street No. 55	ty or town limits, write R	BULL and give nea	rest town)
How long In hospital or institution?	***************************************	2.(a) If veteran, name war		***************************************	
3. (a) FULL NAME  Frances  4. Sex  5. Color or race  6. (a) Single, main significant signi	avina Wa	rfe/	3. (b)	) Social Security	Number
50 Female White MI	arried, widowed, or divorced	Oia!	EDICAL CERTIF	/	JA
6.(b) Name of husband as will	alive, give age years 863 If less than one day hrs. min.	20. DATE OF DEATH	ed on the date above stated;	10 Feb 111	
9. Birthplace (Town, county, and atate)  10. Usual occupation (Town, county, and atate)  11. todustry or business At Month (Inc.)  12. Name (Inc.)  13. Birthplace (Penna)		Oue to May Co	sue da	zenersk,	
HOOK 14. Maiden name Barbara Rich,  15. Birthplace Penna.		(Include pregr			
Address Towson, No.  16. Informant 11. 55 Miles 11. 11. 11. 11. 11. 11. 11. 11. 11. 11	(month) (day) (year)	Autopsy results PHYSICIAN: Please underline 22. VIOLENCE: If death was de Accident, suicide, or homicide	the cause to which death	should he charged s	statistically.
cemetery or crematory Francis A. Gay, 1 Location North Majoria	Funeral Home	Where did Injury occur? Injured at home, farm, Industry, Meens of Injury	public place (where?)		(State)
Address  Feb. 12- 19 48	Marylagg Marylagg	23. SIGNATURE. Acce		100 pc	ufus or other



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County Baltimore  City or town. Woodlawn  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  2641 Purnell Drive  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Baltimore  City or town Woodlawn  (If outside city or town limits, write RURAL and give nearest town)  Street No. 2641 Purnell Drive  (If rural, give LOCATION)  2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Mlizabeth R. Watson			
4. Sex S. Color or race S. Color or race White Widowed, or divorced Widow	MEDICAL CERTIFICATION  20. DATE OF DEATH Jelusy 124 19 48 21 11:25 A.		
6.(b) Name of husband or wife Late Frank R. Watson  6.(c) if alive, give age years  7. Birth date of deceased (mo., day, yr.) July 24, 1882.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 6 10 10 10 10 19. 4 8 19. 4 19		
8. AGE: Years   Months   Days   If less than one day   65   6   18  hrsmln.	Immediate cause of death DURATION  CAMMO - MAL + FACE 1946		
9. Birthplace Balto.Md. (Town, county, and state)  1D. Usual occupation.	Due to		
11. Industry or business    12. Name	Dither conditions		
14. Malden name Lena Gunther 15. Birthplace Md.	(Incinde pregnancy within 8 months of death)  Major findings of operations		
16. Informant Charles Watson Address 2641 Purnell Drive	Autopsy results		
Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory  Burial  Bate thereof. Feb. 14/48. (month) (day) (year)	22. VIOLENCE: If death was due fo external causes, fill in the following:  Accident, suicide, or homicide		
Location Harry H. Mily .	Injured at home, farm, industry, public place (where?)  Means of Injury  Injured at work?		
Address 4101 Edmondson Ave  19. (Date rec'd by registrar)  18. Registrar	23. SIGNATURE THE STEED AND CONTROL OF SIGNATURE  Address B. D. J. Alek The The American Date signed of 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15		

			0
Reg.	Dist.	No.	9

Tage and a second		TE OF DEATH
THE STATE OF THE S	CERTIFICA	TE OF DEATH Reg. Di
ion carefully. The coclearly and legibly.	1. PLACE OF DEATH:  County Baltimore  City or town Towson 1, Md.  (If outside city or town limits, write RURAL and give pearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Fudow cod Sanatorium, Towson 1, Md.  How long In hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
information of death cle	3. (a) FULL NAME Walson	3. (b) Socia
RESERVED FOR BINDING G INK. Supply every item of cians: please write the causes	4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced female with the state of the state of deceased (mo., day, yr.)  8. AGE: Years Months Day's It less than one day hrs. min.  9. Birthplace (Town, county, and state)	and fhall last saw h. Aalive on
LAINLY, WITH UNFADIN especially important. Physis	11. Industry or business    12. Name	(Include pregnancy within 3 months of death)  Major findings of operatious.  Dale  Autopay results.  PHYSICIAN: Please underline the cause to which death should  22. VIOLENCE: If death was due to external causes, fill in the loll  Accident, suicide, or homicide.

WRITE

PLEASE

VS

Cemetery or crematory

City or town. Dalliana. (If outside city or town limits, write	RURAL and give nearest town)
Street No. 31. 1	PY-0-107
2.(a) If veleran, name war.	IION)
3. (	(b) Social Security Number
MEDICAL CERTI	FICATION 7
	-6 1948 at 9:10A
21. I CERTIFY that death occurred on the date above slate	d; that I stended deceased from
and that I last saw h. Aalive on Helica	eary 75 1948
Immediate cause of death	OURATION
Delmanny tube	
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Due to	1,00
Other conditions	
(Include pregnancy within 3 months	of death)
Major findings of operatious	
	Dale of op
Autopsy results	ath should be charged statistically.
22. VIOLENCE: If death was due to external causes, fiil	In the Tollowing;
Accident, sulcide, or homicide	
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (where?) .	
Means of Injury	Injured at work?
616821	1.1
23. SIGNATURE.	M. D. or where

Address TOWS on 4. Md.

Registrar

PLAINLY, is especially

WRITE

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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

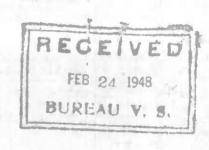
938

01467

#### CERTIFICATE OF DEATH

g. Diat. No. 43

				Reg. Dist. No.	
1. PLACE OF DEATH:  County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Baltimor  City or town Raspeburg (If outside city or town limits, write RURAL and give  Street No. 18 Elmont Ave  (If rural, give LOCATION)  2.(a) If veteran, name war.	
3. (a) FULL NAME	ILLIAM	C. WEAR	CLEY	3. (b) Social Securi	ty Number
11.004	olor or race white		e, married, widowed, or divorced arried	MEDICAL CERTIFICATION  20. DATE OF DEATH. Feb. 12th, 1918	
8.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)			e) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended it and that I last saw higher alive on Fr. Co. 2	2, 1948
8. AGE: Years 78	Months 9	Days	If less than one dayhrs. min.	Cerebral Henrologe	2.0
9. Birthplace	Engine	er	tate)	Due to Condinue la Hyperferin Due to Orfarirsclerain	5 years 5 years
12. Name	known nknown	e acc		Other conditions  (Include pregnancy within 3 months of death)	
T 14. Maiden Hame	Unknown Unknown	*****************		(Include pregnancy within 8 months of death)  Misjor findings of operations	
	Willia lmont A		eakley	Antopsy results	ged statistically.
17burial (Burial, cremation, or re		Parkwo		22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	(State)
Location		imore,	nal Hone	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?	
19. (Date rec'd by registra:	40T Re1	ms. 9	L. Relifsmide	23. SIGNATURE Michael J. Wause M. Address J. W. Quelea Che Date sign	$\mathcal{L}$ $M$ $\mathcal{N}$ D, or other ed $2/3/48$



age and birth date shown on: 2411 N. Charle	PARTMENT OF HEALTH  See St., Baltimore  83  01468
FILM No. G 114 MAR 19 1948 CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town timits, write RURAL and give nearest town)  Street No. County  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Reldred H Weeks	3. (b) Social Security Number
4. Sex 5. bolor or race b.(a) Single, married, widowed, or divorced  Female While Madowed	MEDICAL CERTIFICATION  20. DATE OF DEATH 756.17 19 48 at 12 5 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
13. Birthplace  14. Maiden name Status Signal  15. Birthplace  16. Informant Status Signal  Address 5/4/15/7 Sparrowo Pt  17. Surval Date thereof (month) (day) (year)  Cemetery of crematory (specific property)	(Include pregnancy within 8 months of death)  Major Endings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Flease underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of  Where did injury occur?
Location  18. Funeral director Allsich Finalisal House  Address  Address  19. (Dato rec'y by registrar)	Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?  23. SIGNATURE M. D. or other  Address. 520 M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

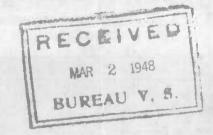
2411 N. Charles St., Baltimore

01469

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County				Slate		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White		Married	MEDICAL CE		at 7 P.
	or wifeWillia			21. I CERTIFY that death occurred on the date abov	re stated; that I attended deceas	ed from
7. Birth date of	T 03		c) If alive, give ageyears	and that I last saw hi.Malive on	_	
deceased (mo., day, 8. AGE: Year		Days	If less than one day	Immediate cause of death		OURATION
6	5 7	6				
10. Usual occupation  11. Industry or busines	House s At H	wife Home Enyder	state)	Due to  Dither conditions.		
五 13. Birthplace 五 14. Maiden name.	York Cou Miss Mi York Cou	ller	a.	(Include pregnancy within 3 m		
15. Birthplace	York Cour	nty, P	a.	Major findings of operations.		
16. Informani	. William			Autopsy results		
17. Burial	n, or removal. Which?)	Date ther	March 1, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Dale of	
Cemetery or cremat	ory Woodl	×		Where did injury occur?(City or town)		
Location	Woodl	awn, ivi	a.	Injured at home, farm, industry, public place (wh	Injured at work?	
	Liberty H		Ave.	23. SIGNATURE 2017	inflation	Bello
19. Tely	29 1948		Wieffer	2470 Washington B	lvd. Bete signed	1



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Skipley live.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For hypologinal particles of mother)
( a loristice mu.	State County County
(If outside city or town limits, write holtAL and give nearest town)	City or town Saltynue
How long in above place of death?	(if outside city or town limits, water KURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
How long in hospital or institution?	2(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lowel U	elling,
4. Sex 5. Coloror race 6.(a)Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
Jem. Coc. Married	20. DATE OF DEATH 21-1-48 19 01-21-45 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I eftended deceased from
A S (a) If all a plug age years	2-2-48 19 10 2-11-48 19
7. Birth date of	and that I last saw h. QA-alive on Q-11-48 19
deceased (mo., day, yr.)  8. A.G.F.: Years   Months   Days   If less than one day	Immediate cause of death
1/1/	
77hrsmin.	foran Millioned
8. Birthplace	Due to 9 days
Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or Justiness	
12. Name 13. Birthplate 20 20 20 20 20 20 20 20 20 20 20 20 20	Other conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden pame la a a company of the state	(Include pregnancy within a months of death)  Major findings of operations
15. Birthplage	Date of op.
18, Informant UM, Dooks	Antopsy results.
210-11/14 tour and.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address Or	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or penyval, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or stematory Stuckston Cemeley	Where did injury occur?
Cemetery of Generally, Service of Control of	
Location	Injured af home, farm, lodustry, public place (where?)
18. Funeral director. Co. Adultura	Means of Injury Injured af work?
Address 9/8- Allera Hell Chr.	Cot. Malane
AND AS VIII OI	23. SIGNATURE II. D. or other
(Data rec'd by registrar)	Address Catouerllohy Date signed 2-12-48

	DING INK. Supply every item of information carefully hysicians: please write the causes of death clearly and
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VS A15 9.45-15M	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly an
-	pulse

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01471

## CERTIFICATE OF DEATH

County Bal	EAIH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
7	N A 17 3		State Maryland County			
(1	If outside city or town in	imits, write RURAL and give nearest town)	City or town Baltimore (if outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution,	or street address where	death occurred:	Street No. 628 Sarah Ann Street			
		Ft. Howard, Md.	(If rural, give LOCATION)			
How long in hospital	or institution?	ll days	2.(a) It veteran, name war			
3. (a) FULL NA	ME		3. (b) Social Security	Number		
	HENRY F.	WHEATLEY				
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	5767		
Male	Colored	Separated	20. DATE OF DEATH. February 29 19 48	1.,at1:30		
6.(b) Name of busha	he or wite Elean	er Wheatley	21. I CERTIFY that death occurred on the date above stated; that I attended dec			
			February 18 19 48 10 February			
7. Birth date of deceased (mo., day	y, yr.) 6/15/	/93	and that I last saw h 1m alive on February 29			
	ars   Months	Days   If less than one day	Immediate cause of death			
54	8	14min.	Pneumonia, right upper lobe	unknown		
9. Birthplace	Baltimore, 1	d.	Due to Pneumococcus			
			Que to.			
11. Industry or busin	ness		oue 10.	***************************************		
	Penry F. Who Dorchester	Co. Md.	Other conditionsNo.ne.	***************************************		
EL 13: Birinpiace			(Include pregnancy within 3 months of death)			
14. Maiden nam	Baltimore	1 Johnson	Major findings of operations.			
≥ 15. Birthplace	Daltimor	3, MQ.	Date of op			
16. Informant Cl	inical Recor	rds, Vets. Adm. Hosp.	y regults. Substantiated above			
Address For	rt Howard, 1	Maryland ) /		statistically.		
		3/4/45	death was due to external causes, till in the following:			
(Burial, cremati	on, or removal. Which?	Date thereof	Acade or homicide Date of			
Cemetery or crem	atory Baltimore	National	Where did injury occur?	(State)		
location 550	l Frederick	Rd. Balto., Md.	Injured at home, tarm, industry, public place (where?)	,		
			Means of injury Injured at work?			
		eet, Baltimore, Md.				
			23. SIGNATURE H.C. MANAUGH, M.D. Chief Profession			
193 2 (Vate reed by	registrar)	A 60 . / federal	H.C. MANAUGH, M.D. Chief Profession Address VAH, Ft. Howard, Md. Bate signed	3/1/48		
				And the second s		

es St., Baitimore

01479

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State Md. County Balto.

D	Dist	N-	43
Reg.	Dist.	140.	

# TE OF DEATH

				CERTIFICA					
1. PLACE C	DEATH	:							
City or town	(If outsid	e city or town	imits, write R	URAL and give nearest town)					
Now long in the	we niace of de	ath? li	.fe						
Hospital, Institu	ution, or stree	t address where	death occurred	):					
		tution?							
3. (a) FULL	. NAME								
			RGE W. I	WHITTLE					
4. Sex	5. (	Color or race	6.(a)Singi	e, married, widowed, or divorced					
male	w!	nite	W:	idowed					
		Johan	na C 1	Whittle					
6.(b) Name of									
7. Birth date of	1			c) If alive, give ageyo					
deceased (m	o., day, yr.)	Oct. 2							
8. AGE:	Years	Months	Days	If less than one day					
	73	3	22	hrsn					
9. Birthplace.	Bal 1	o Co.	Md.	atute)					
		armer							
11. Industry or									
里 12. Name	Thoma	as A. W	ittle						
≦ 13. Birthp									
H 14. Maide	п пате	Susanne	Russel	••••••					
LOW 15. Birtho									
		Belair		,					
	1262								
	17. burial Barial, eremation, or removal. Which?)  Date thereof Fab. 21, 1948 (month) (day) (year)								
	cial	amovai Which	. Date ther	(Burial, eremation, or removal. Which?) (month) (day) (year)  Cemetery or crematory Moreland Memorial Park					
17. bull (Buriai, er									
17	crematory]	/oreland	l Memor						
17	Balto	Moreland	l Memor	ial Park					
17 bill (Buriai, er Cemetery or	Balto	Moreland	l Memor	ial Park					
17	Balto	Md.	Memor	ial Park					
17	Balto	Md.	Memor						

(a) If veteran, name war		Security Number
MED	ICAL CERTIFICAT	ION
D. DATE OF DEATH. Februa	ry 20th.	1948 7:30 A.
1. I CERTIFY that death occurred o		
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nd that I last saw hallve	on FCB. 19	19 48
amadiate cance of shooth		DUBATION
SENIL	ITY	3 Y25 7
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ie to		
her conditions General	arterioscle	rosis 3 Yrs +
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Include pregnar	ney within 3 months of death)	
ajur hudings of operations	Date	of op
utopsy results		
utopsy results HYSICIAN: Please uuderliue th	e cause tu which death should	
utopsy results	e cause tu which death should to external causes, fill in the follo	owing;
utopsy results HYSICIAN: Please uuderliue th	e cause tu which death should to external causes, fill in the follo	owing;
utopsy results	e cause tu which death should to external causes, fill in the follo-	owing; ate of
utopsy results	to external causes, fill in the following to external causes, fill in the following th	owing; ale of
utopsy results	to external causes, fill in the following to external causes, fill in the following th	owing; ate of ty) (State)



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BUREAU V. S



PLEASE .

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

# 0147330

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Boy newborn infants give residence of mother)  State County &
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME  5. Color or race   6.(a) Single, married, widowed, or divorced	3.(b) Social Security Number  MEDICAL CERTIFICATION (2.2)
Male phite Married	20. DATE OF DEATH TELL: 20 - 19 4 S. at
8.(6) Name of hosband or wite Pare A Linea fillies & Australia years  7. Birth date of deceased (mo., day, yr.)   2-1-1896	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from  19. 4. 7. 10. 12. 4. 2. 19. 4. 2. 19. 4. 2. 19. 4. 2. 19. 4. 2. 19. 4. 2. 19. 4. 2. 19. 4. 2. 19. 4. 2. 2. 19. 4. 2. 2. 19. 4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
8. AGE: Years Months Days It less than one day 51 2 22	Immediate cause of death DURATION  VEGGLALUE FULGETASILES  OHE 10.
10. Usual occupation Retired Linear Demand Wanager.  11. Industry or business Charles Without I ce Co.	Due to
12. Name la	Other conditions with the conditions of death)  Out defined pregnages within 3 months of death)
14. Malden game talderie & Cock  15. Birthplace Por August & Wisk water	Major fiading of operations.  Date of op.  Autopsy results.
Address 10. Advise Gerst. D. E.  11. Gurial, cremation, or removed Which?)  Dale thereof County (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Cometery or crematory Loudant Park.  Location Dattern one - Dard.	Where did injury occur?
16. Funeral director 7. 19 Wippent & Sax.	Msens of Injury injured at work?
19. 2-25 Bt 8 Pulyalish (Date rec'd by registrar)  Registrar	Address 3 July 18 Med Date signed 1/2 4/48

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PLEASE WRITE PLAINLY, is especially

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

01474

Reg. Diat. No.

	A HOUSE DESIDENCE (TAGE SET) OF DECISION
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Dallikkolie	
City or town	State Md County Balts
(If outside city or town limits, write RURAL and give nearest town)	City or town Dundalk
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 1220 48th St.
1220-48th St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hanney III	
marved union	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divarced	MEDICAL CERTIFICATION
male White marries	20. DATE DF DEATH FELLY 16 # 19 48 21 2 - Q
5.(b) Name of husband or wife Katker cae h. Wunn	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
$\sim$	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Mcl & th 1879	Immediate cause of death
8. AGE: Years   Months   Pay   If less than one day	A A
, Smin,	Carrier (Ocelypia Ima
6:0	
9. Birthplace Trish Vallei Fa	Due to
(Town, county, and state)	
10. Usual occupation 22 LATTER	Due to Al pullum.
11. Industry or business	11/6 -
	NIANT MILLE
12. Name Par Striplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Clakessa Gampbell  15. Birthplace  Pa	
E 14. maiden name	Major findiogs of operations.
El 15. Birthplace	Date of op.
16. Informant Mrs Kalherine Wunk	Autopsy results
1	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address 1228 - 48th St	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof Felly, 1914	
(Burial, eremation, or removal. Which?)  Date thereof Franch (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
C-7	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Allrich Funeral House	Means of Injury injured at work?
	ma sounder
Address 2008 Orleans at	23. SIGNATURE // A
2-18 VS AW Hedrich	News. Exami Salom D. Congerty
(Date ree'd/by registrar)  Registrar	Address Date signed 24.7.4.6.8

WRITE

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01475

Registrar Address VAH, Fort Howard, Md. Date signed

411

1			CERTIFICA	TE OF DEATH Reg. Diat. No.	
1. PLACE OF DEATH:  County Baltimore  City or town. Fort Howard  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2. days  Hospital, institution, or street address where death occurred:  Veterans Administration Hospital  How long in hospital or institution? 2 days		URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
3. (a) FULL NAM	AMES H. YO			3. (b) Social Security Number 224-16-2572	
Male	5. Color or race White		n married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATHFebruary. 13	OA. I
7. Birth date of deceased (mo., day, 8. AGE: Year	yr.) March	22, 190  Days 22	ie Youngyear Oli If less than one dayhrsmin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 11 19 48 to February 13 191 and that I last saw h. im alive on February 13 191 Immediate cause of death CORO.NARY ARTERIO DURAT SCIEROTIC CARDIAC DISEASE WITH 18 TO CARDIAC HYPERTRO PHY & DILATATION,	48
10. Usuat occupation.	Unemploye		tate)	Due to	
13. Birthplace V	Tames H. Yo Tirginia Polly Mel Virginia			Diher conditionsHepatomegaly, secondary to above	
Address FOX  Address FOX  17	nical Record Howard,  the Howard,  or removal Which?  ory	Marylan Date there Ll Ceme	tery  Month (day) (year)  tery  month (day) (year)	Aatopsy results	
19	-13 <sub>19</sub> 4-0	f to	Registra	Address. VAH. Fort Howard, Md. Date signed.	